

Fall 2010

Jefferson Alumni Bulletin – Volume 59, Number 4, Fall 2010

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Jefferson

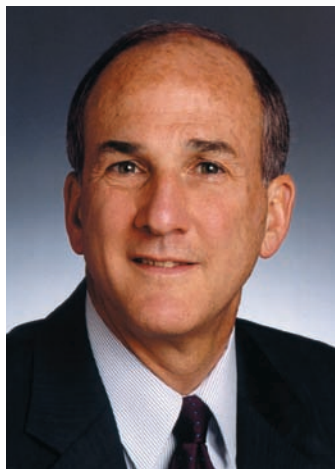
ALUMNI BULLETIN

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • FALL 2010



Integrative Medicine
Enters the Mainstream

Message from the President



Robert L. Barchi, MD, PhD

As we begin a new era of health care in the United States, two facts stand in vivid relief: The Association of American Medical Colleges predicts a staggering shortage of physicians in the coming decade, and the epidemics in chronic conditions show no signs of abating.

The severity of these problems demands that healthcare providers – and educators – think in new directions.

Without further congressional action, the passage of reform measures last spring will bring an additional 32 million Americans into the healthcare system by 2014. In tandem, the next decade will see the number of Americans 65 or older – the segment of our society with the greatest healthcare needs – increase 36 percent. The country will lose one-third of its physicians to retirement.

The AAMC, using federal statistics, estimates the increased need will translate into a shortage of 45,000 primary-care physicians and

46,000 specialists, many focused on the burgeoning demand from aging baby boomers. The association believes the shortage will most profoundly affect the country's underserved and most vulnerable, including the 20 percent of Americans living in rural and urban areas already seeing serious shortages. Many of those Americans suffer from chronic conditions.

We cannot overstate the threat that chronic conditions pose to our society. Just 15 percent of Medicare patients – all suffering from multiple chronic conditions – account for 85 percent of the program's cost. The traditional doctor/patient relationship has proved inadequate in stemming these epidemics.

A new movement – patient-centered medical homes – holds the promise of addressing both issues.

Today, physicians often treat symptoms or diseases and offer warnings about risks without delving into lifestyle issues that might stand as barriers to patients. Offices following a medical home philosophy take a more holistic approach, focusing on comprehensive care, evaluating patients' situations, educating them about alternative lifestyles and guiding them in developing goals. Nurses and nurse practitioners spend as much time with patients as physicians.

Implementing a medical home requires radical culture changes, expensive computer equipment and new payment systems, making conversion difficult. But preliminary results coming in from dozens of pilot projects indicate the effort is worthwhile. In Seattle, a two-year evaluation at Group Health Cooperative found high patient and physician satisfaction, 29 percent fewer emergency visits and 6 percent fewer hospitalizations. For every \$1 spent, Group Health recouped \$1.50.

In Pennsylvania, a unique demonstration project involving Jefferson's Department of Family and Community Medicine has met with such success that Independence Blue Cross increased payments significantly just halfway through the pilot program.

This system requires an interdisciplinary group of healthcare professionals. Each member adds expertise the others lack, creating a team that addresses all of a patient's needs. Nurses and nurse practitioners assume responsibilities that take full advantage of their training, freeing physicians to focus on medical issues that only they can address.

Years ago, Thomas Jefferson University anticipated the dire need for highly trained nurses and nurse practitioners. We added a doctorate to our nursing program and specialties to our master's programs. Our certified registered nurse anesthetists provide invaluable services in underserved areas.

We believe the successful systems that will emerge in the years ahead will involve teams that take advantage of the qualifications and skills of each member. This belief has fueled our emphasis on the health professions and interdisciplinary education, training some of the best medical students in the country to lead a collaborative team of professionals all focused on the patient.

When the new systems take hold, Jefferson will be ready to take the lead.

Sincerely,

Robert L. Barchi, MD, PhD

President

Thomas Jefferson University

For a comprehensive look at patient-centered medical homes, see the winter 2010 Alumni Bulletin at www.jefferson.edu/jmc/alumni/bulletin.cfm.

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The Dean's Column

On March 17, 1871, Samuel D. Gross, MD, urged Jefferson alumni to “adorn the halls” with portraits of physicians who had “devoted their lives to the service of the school.” Emulating the European tradition, he said, would “inspire the pupil with ambition to excel in great and noble works.”

The “pupils” had actually put Gross’ proposition into practice a decade earlier. In 1861, members of the graduating class chose a faculty member based on the same criteria Gross would later use, and then commissioned a portrait of the honored physician, Charles Meigs, MD, a retiring professor of obstetrics. Graduating classes bestowed the honor on faculty members sporadically until 1924, when the recognition became an annual event.

The students’ tradition and the desire of friends, family and colleagues to honor JMC’s finest physicians have lined our walls with more than 200 portraits, many picturing men specializing in the field that the great Samuel D. Gross made synonymous with Jefferson – surgery.

The Class of 1901 chose William W. Keen Jr., MD 1862, an internationally renowned surgeon and physician to four presidents. A portrait of the first Samuel D. Gross Professor of Surgery, John C. DaCosta, MD – often called “Renaissance Man” – was a gift from the Class of ’24.

The Class of ’46 honored the pioneering thoracic surgeon George P. Muller, MD, and the Class of ’63 chose John H. Gibbon Jr., MD ’27, internationally renowned for developing the heart-lung machine. A year ago, friends and colleagues honored surgeon Gerald J. Marks, MD ’49; just last month, Jefferson received portraits of two more surgeons – Richard Rothman, MD, PG ’68, the respected founder of the Rothman Institute at Jefferson, and Stanton Smullens, MD ’61, former chief medical officer of Thomas Jefferson University Hospital.

One of the great privileges of serving as dean of JMC is presiding over an institution with rich traditions that members of the community continue to honor and expand upon. The portraits represent one example. Surgery represents another.

Charlie Yeo, MD, featured on pages 20 and 21, epitomizes the Jefferson tradition. The Samuel D. Gross Professor of Surgery and Chair of the department, Yeo focuses on the pancreas, an organ most surgeons

find daunting. Patients given no hope by their local physicians travel from across the country to find a cure at Yeo’s hands.

The 18 members of our neurological surgery team – one of the most innovative in the country – also draw patients from far and wide. The Jewell L. Osterholm, MD, Professor and Chair, Robert Rosenwasser, MD, pioneered endovascular coiling, and his groundbreaking work with intracranial stents has provided relief for many with nowhere else to turn. He is far from alone in the department.

David W. Andrews, MD, is a world leader in radiosurgery procedures on brain tumors, and Ashwini Sharan, MD, specializes in a surgical technique to cure epilepsy patients resistant to traditional treatment.

Not too long ago, patients with tumors in their sinuses or at the base of their skull faced grossly disfiguring operations – if surgeons could even reach the tumor. Neurosurgeon James Evans, MD, and his colleague Marc Rosen, MD, in otolaryngology employ a minimally invasive approach through the sinuses, significantly decreasing complication rates and eliminating scarring.

Surgeons in otolaryngology are experts in preserving form and function for patients with advanced head or neck cancer. The department – with William Keane, MD, the Herbert Kean, MD, Professor of Otolaryngology, Head and Neck Surgery, at the helm – is among only a handful on the East Coast using trans-oral robotic surgery. The otolaryngologists also perform more than 100 free-tissue transfers each year, more than any other program in Pennsylvania.

The skill and renown across all of our surgical departments today equal or even surpass those of the great physicians whose portraits line our walls. The time to be honored will also come for this newer generation – our traditions endure because they hold true meaning.

Sincerely,



Mark L. Tykocinski, MD
Anthony F. and Gertrude M. DePalma Dean
Jefferson Medical College

“The skill and renown across all of our surgical departments today equal or even surpass those of the great physicians whose portraits line our walls.”



Findings

Studies Produce New Tumor Growth Theory

Scientists at the Kimmel Cancer Center at Jefferson have developed a new theory about cancer cell metabolism that counters the basis for most previous studies and could lead to better diagnostics and therapies for high-risk cancer patients.

Evidence from four studies published in the September issue of *Cell Cycle* shows that tumor cells grow by stealing nutrients from adjacent stromal cells, called fibroblasts, not by changing their own metabolism, the prevailing thought for 85 years.

“Much of what we know about cancer is backwards, because cancer researchers used isolated tumor cells for most cancer studies. Now, when we put cancer cells back into their stromal environment, we see how they critically depend on fibroblasts for their survival,” said Michael P. Lisanti, MD, PhD, chair of Jefferson’s Department of Stem Cell Biology and Regenerative Medicine.

The studies show that cancer cells promote oxidative stress that causes fibroblasts to begin eating themselves. This process, autophagy, provides recycled nutrients that fuel cancer growth and explains the dramatic weight loss frequently seen in cancer patients.

“For years, cancer patients have said they felt as though the cancer in their body was eating them alive. These patients were right,” Lisanti said. “Essentially, the cancer knows how to induce oxidative stress and turns a local wasting process into a whole-body phenomenon.

“The simple act of taking daily anti-oxidants can combat the oxidative stress. By spending just a few dollars on N-acetyl cysteine – the most effective antioxidant

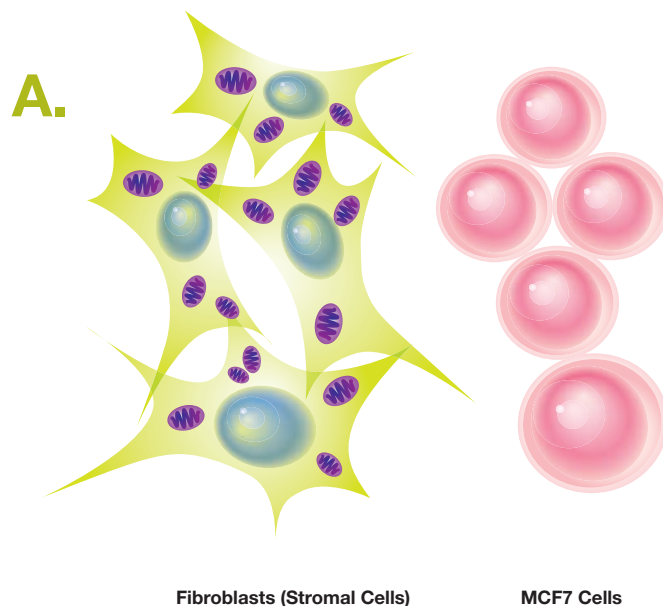
available – at their local health-food store, people actually can slow this process.”

Without the nutrients provided by fibroblasts, tumor cells become fragile over time and die, according to the research.

Lisanti said the findings bring into question the value of drugs developed from research using isolated cancer cells. They also have generated hope about scientists developing new therapies to sever the “parasitic” connection between tumor cells and fibroblasts, effectively starving cancer cells.

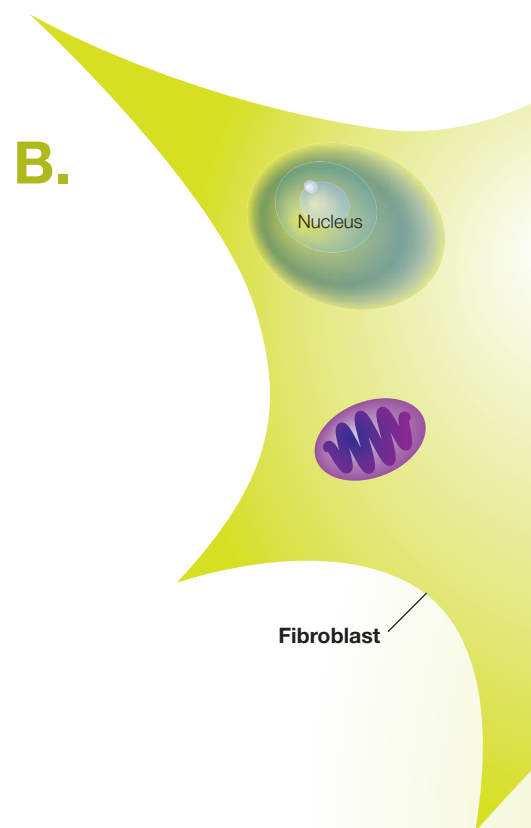
The predominant theory about tumor cells’ self-sufficiency, known as the Warburg Effect, took hold in 1924 when German researcher Otto Warburg suggested that the absence of mitochondria “power plants” in laboratory cancer cells proved the cells had found their own way to produce the energy they needed to survive. Jefferson scientists now say that Warburg’s studies reflect cultured cells’ adjustment to life without their stromal partners, because when mixing cancer cells and fibroblasts together, the researchers found that fibroblasts lost their mitochondria; the cancer cells took all of it. They have dubbed their finding “The Reverse Warburg Effect.”

In addition to devising this theory, the researchers identified two key fibroblast-provided metabolites – ketones and lactate – that provide fuel for cancer cells. The connection to ketones, which diabetics produce in elevated levels, explains why people with diabetes develop cancer more often than non-diabetics. The discovery also suggests that surgeons should stop giving cancer patients lactate, a type of sugar often

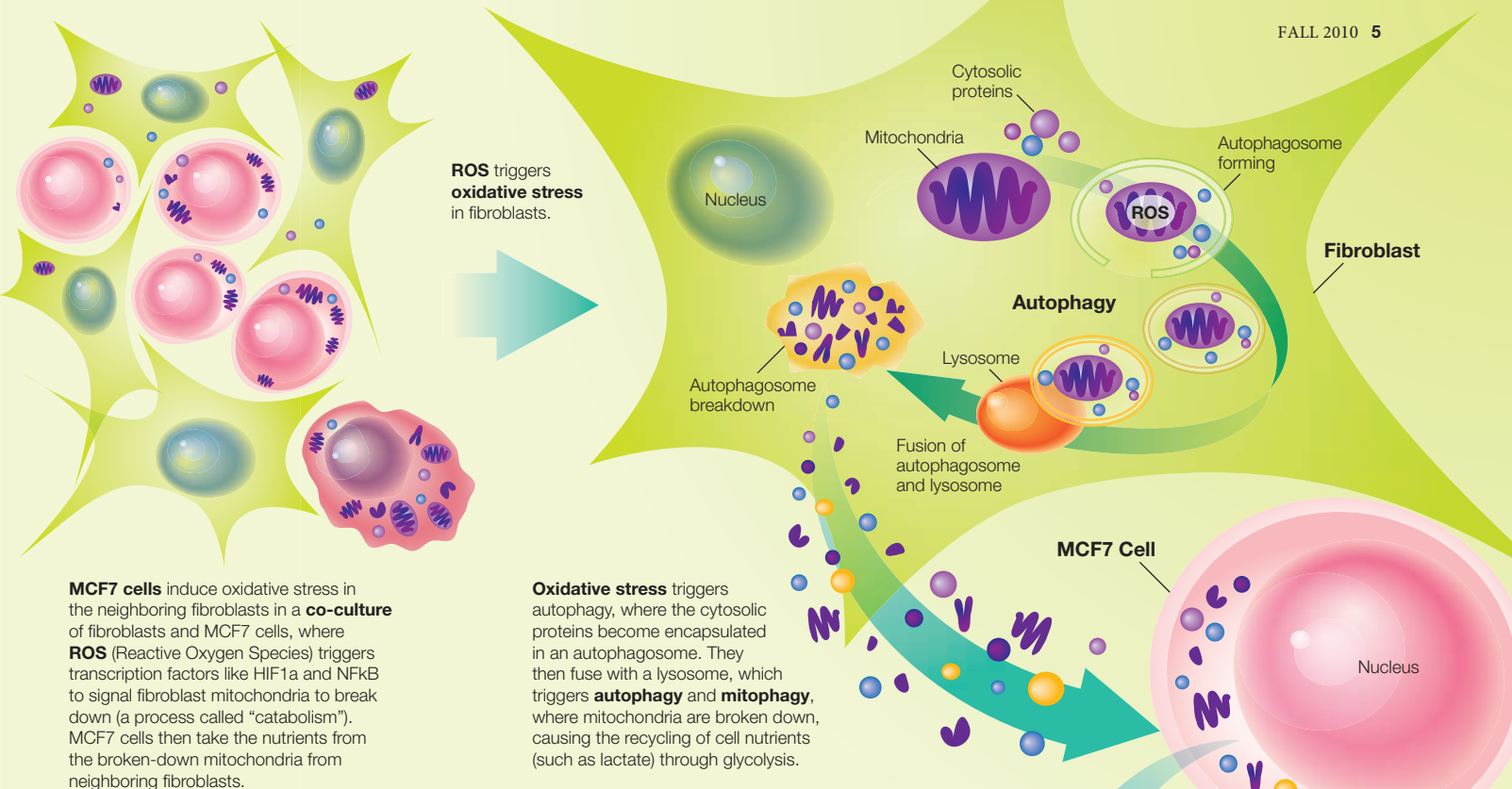


Fibroblasts (Stromal Cells)

MCF7 Cells



Fibroblast

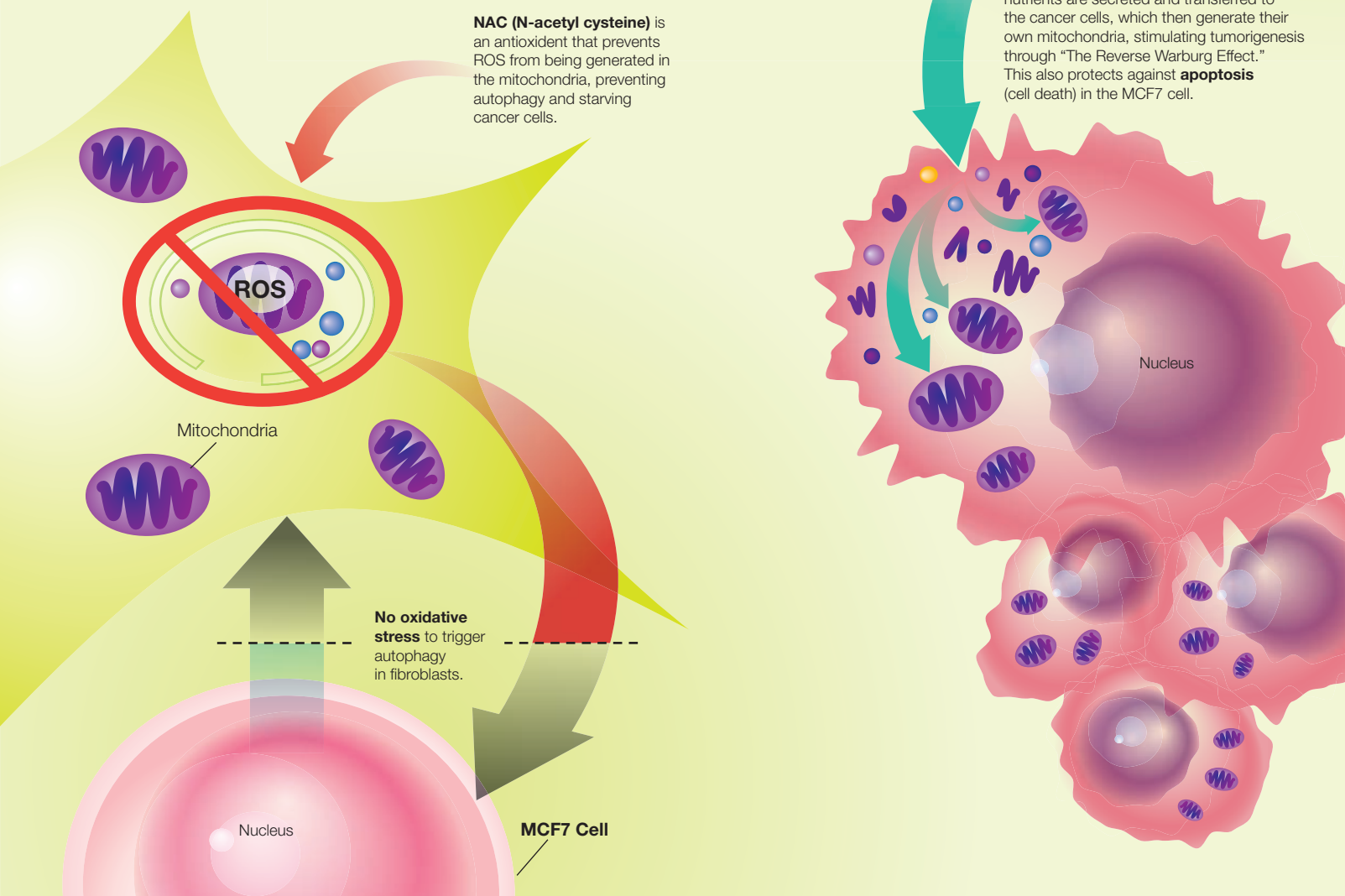


MCF7 cells induce oxidative stress in the neighboring fibroblasts in a **co-culture** of fibroblasts and MCF7 cells, where **ROS** (Reactive Oxygen Species) triggers transcription factors like HIF1a and NFkB to signal fibroblast mitochondria to break down (a process called "catabolism"). MCF7 cells then take the nutrients from the broken-down mitochondria from neighboring fibroblasts.

Oxidative stress triggers autophagy, where the cytosolic proteins become encapsulated in an autophagosome. They then fuse with a lysosome, which triggers **autophagy** and **mitophagy**, where mitochondria are broken down, causing the recycling of cell nutrients (such as lactate) through glycolysis.

NAC (N-acetyl cysteine) is an antioxidant that prevents ROS from being generated in the mitochondria, preventing autophagy and starving cancer cells.

An energy transfer occurs when the nutrients are secreted and transferred to the cancer cells, which then generate their own mitochondria, stimulating tumorigenesis through "The Reverse Warburg Effect." This also protects against **apoptosis** (cell death) in the MCF7 cell.





No Longer Fringe: Integrative Medicine Blends In

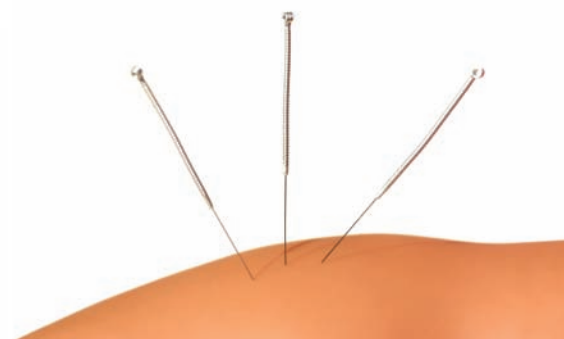


Claudia Medica sits for three hours in the Jefferson-Myrna Brind Center of Integrative Medicine every week waiting for an IV bag of concentrated vitamin C to empty into her bloodstream. She considers the time an investment in her future.

Discouraged by a recurrence of lung cancer after surgery and chemotherapy three years ago, Medica, 55, researched additional forms of treatment and became intrigued by reports suggesting a connection between vitamin C and cancer recovery.

“Since I started the infusions a year ago, my scans have shown nothing new – no new nodules, no new growth. I feel better, and I look better. This is all the proof I need that it’s worth looking outside the box when it comes to your health,” said Medica, who also receives nutritional guidance at the center.

Jefferson opened its integrative medicine center in 1998 amid a national, patient-driven movement to bring this “new” type of medicine into the mainstream (the center gained its name five years later, when Jefferson trustee Ira Brind made a gift in honor of his wife). Integrative medicine drew the attention of physicians and scientists after a widely publicized 1993 *New England Journal of Medicine* report estimated that Americans spent \$13.7 billion annually on remedies not covered by health insurance. By 1997, consumer spending had doubled.



A year after the magazine report, Congress exempted dietary and herbal supplements from Food and Drug Administration approval, causing the number of products to increase 10 times to more than 40,000 today. The decade ended with the expansion of the National Institutes for Health's Office of Alternative Medicine – a small operation providing seed money for research projects – into an independent component called the National Center for Complementary and Alternative Medicine. The new branch began sponsoring large-scale studies and distributing millions to medical schools and the American Medical Student Association to develop integrative medicine curricula.

"People became vocal about wanting treatments other than standard medical procedures and pharmaceutical agents, and Congress listened," said Daniel A. Monti, MD, director of the Myrna Brind Center. "And if people are going to seek these therapies, it's our obligation to present them with the options they want in a safe, responsible way."

'Alternative' vs. 'Integrative'

Physicians emphasize the difference between "alternative" and "complementary" or "integrative" medicine. While practices involving herbs, vitamins, acupuncture, massage therapy and mind-body techniques such as yoga and meditation fall under all of those umbrellas, "alternative" connotes the replacement of standard care. Instead,

hospitals focus on these techniques as "complements" to conventional treatments to promote healing and wellness.

"Conventional medicine really shines when it comes to acute care. If you break a bone, you want Jefferson's Rothman Institute specialists to take charge," Monti said. "We would never advise otherwise."

"On the other hand, sometimes the patient with a broken bone has some resilient difficulties with pain or function after the bone heals, or maybe the bone doesn't heal quickly enough because of a nutritional or lifestyle issue, like smoking. That's where we introduce a holistic approach that is as much about preventing future illnesses as it is about treating existing ones."

Integrative medicine embraces the concept that attitudes and emotions are closely tied to recovery from illness. Practitioners allow patients to take an active role in their health care rather than relying on just drugs and surgeries. Whereas conventional medicine primarily focuses on treating specific symptoms or diseases, integrative medicine considers the patient as a whole, aiming to improve general wellbeing.

Growth Across the United States

Americans, slow to accept complementary therapies compared to Europeans and Asians, have now embraced them. Last year, the NIH reported about 40 percent of American adults had used some form of complementary or alternative medicine.

INTEGRATIVE**MEDICINE:****A Glossary ~**

some terms commonly associated with integrative medicine

Acupuncture ~

the practice of inserting and manipulating needles into specific points on the body for therapeutic purposes

Alternative**medicine ~**

any healing practice that does not fall within the realm of conventional medicine and is used as a substitute for conventional methods of care

Aromatherapy ~

use of essential plant oils to enhance psychological and physical wellbeing



A surge in popularity has occurred in the classroom as well. During this decade, the number of medical colleges requiring courses in complementary and alternative medicine tripled to 90 percent, according to the Association of American Medical Colleges. Membership in the Consortium of Academic Health Centers for Integrative Medicine, a group that includes Jefferson and promotes integrative health care in academic institutions, has grown from eight universities in 1999 to 44 today.

A survey of hospitals in 1998 indicated that just 8 percent offered complementary care programs; within a decade, more than 37 percent of hospitals had programs in place.

Integrative Medicine at Jefferson

At Jefferson, JMC students attend 10 required lectures and can choose from several clinical rotations, including a new second-year elective initiated and developed by students. And although the Myrna Brind Center's founders initially encountered skepticism from other physicians, Monti said support grew quickly after the group proved it was not pushing alternatives to standard care: "We just had to show them that we weren't a bunch of quacks burning incense and walking around with beads."

Physicians from a wide variety of specialties now refer patients to the center, where staff schedules more than 11,000 patient visits


annually. Integrative cancer care, pain management, acupuncture and mindfulness-based stress reduction programs rank among the top services requested.

The center maintains an especially strong partnership with Jefferson's Kimmel Cancer Center, where faculty members are collaborating on clinical trials examining the effects of vitamin C infusions on pancreatic cancer and non-Hodgkin's lymphoma patients. Kimmel oncologists also refer patients for programs involving fitness, nutrition and stress reduction.

"The diagnosis of cancer is a stress-inducing wake-up call to people about their overall health," said Adam P. Dicker, MD, PhD, chair of the Department of Radiation Oncology. "Patients have little control over cancer treatment. With exercise, diet and spirituality, they can actively participate in their own care, which makes a significant difference in how they think and feel and ultimately can affect outcome."

What Does Science Say?

The first scientific studies of their kind, Jefferson's vitamin C trials are showing promise, not often seen in integrative medicine research until now. Critics of complementary therapies are quick to focus on the largely negative results stemming from studies conducted over the past decade at the price of more than \$2.5 billion by the National Center for Complementary and Alternative Medicine.

A photograph of a middle-aged couple, Claudia Medica and her husband Joseph, sitting outdoors on a paved area. Claudia is in the foreground, wearing a black top with a white patterned neckline and blue jeans. She has a white bandage on her left forearm. Joseph is sitting behind her, wearing a black t-shirt and blue jeans, with his hands clasped. To the left, an IV drip stand holds a clear bag of fluid. In the background, there are trees, a building, and other people walking.

"I feel better, and I look better.
This is all the proof I need that it's
worth looking outside the
box when it comes to your health."

– Claudia Medica

Oncology patient Claudia Medica
with her husband, Joseph, during
her weekly vitamin C infusion
at Jefferson-Myrna Brind Center
for Integrative Medicine.

Biofeedback analysis ~

use of the body's energy field, or "qi," as a gauge to determine the level of intolerance to a given substance

Chiropractic ~

use of manual therapy and lifestyle counseling to diagnose, treat and prevent mechanical disorders of the musculoskeletal system, especially the spine

Complementary medicine ~

any healing practice that does not fall within the realm of conventional medicine and is used in conjunction with conventional methods of care

Herbalism ~

medical practice based on the use of plants and plant extracts, sometimes extending to include minerals and fungal and bee products

Homeopathy ~

a system of treating diseases with highly diluted doses of a remedy that would in larger amounts produce symptoms in healthy persons

Hypnotherapy ~

exercises that bring about relaxation and an altered state of consciousness, also known as a trance, to make a person unusually responsive to ideas, images or therapies

“...we introduce a holistic future illnesses as it is about treating



Costing about \$22 billion per year, herbal and other natural supplements account for the majority of consumer spending but draw daggers from skeptics. Research on some supplements, including probiotics, omega-3 fatty acids and vitamin D – the products Brind Center physicians recommend most frequently – has returned positive results. However, many other popular supplements have failed their tests. Gingko biloba, touted to enhance memory, and shark cartilage, promoted as an arthritis treatment, both turned up ineffective in recent studies. The benefits of echinacea, a top seller widely believed to stimulate the immune system, have proved inconsistent.

Critics' concerns deal less with supplements' ineffectiveness than with risks presented by their use. Some natural products, such as St. John's wort, interfere with conventional medications. Toxicity and side effects also pose a threat, as lack of regulation means that actual dosages can vary significantly from what appears on a label and that supplements are not screened for contaminants such as lead and mercury and harmful substances such as ephedra, kava and comfrey.

ConsumerLab.com, an independent company that rates off-the-shelf health and nutritional products, last year reported finding a problem with a quarter of the supplements tested.

"That's why I send patients to the Brind Center," Dicker said. "Oncologists, and many other physicians, are highly specialized.

When patients ask about supplements, I refer them to people who really know what they're doing in terms of products and nutrition, can weed out what's not safe and have the expertise to know what is effective."

Research involving other complementary therapies has also returned mixed results. Treatments designed to alleviate stress have enjoyed the highest rate of success; mindfulness-based programs such as meditation tame anxiety that can contribute to illness, and massage therapy eases complications associated with surgery and migraine headaches. Yoga has shown benefits for cancer patients, whose muscles are weakened by treatment and can be restored with stretching and low-impact physical activity.

But acupuncture, whose providers saw a threefold increase from 1997 to 2007, remains a hotly contested area of integrative medicine.

Studies have demonstrated that acupuncture can help relieve chronic pain as well as nausea and vomiting from chemotherapy and surgery and that acupuncture in conjunction with in vitro fertilization may improve pregnancy rates, but the rates differ depending on who has conducted the research. A review of published trials in 1998 showed a success rate of 98 percent for studies run by investigators from Asia, where acupuncture is well accepted. The same review showed a success rate of only 58 percent in studies run by Americans.

Qi (or Chi) ~

the Chinese word used to describe "the natural energy of the universe," which is thought to permeate all things, including the human body

Meditation ~

contemplation, reflection or other mental exercise such as concentration on one's breathing or repetition of a mantra for the purpose of reaching a heightened level of spiritual awareness

Mindfulness-based

stress reduction ~ a method using meditation and yoga to cultivate awareness and reduce stress and anxiety

Naturopathy ~

a medical practice that focuses on natural remedies and the body's ability to heal and maintain itself with minimal use of drugs and surgeries

Reiki ~

a Japanese technique for stress reduction and relaxation in which practitioners believe that they are transferring healing energy through the palms of their hands

Yoga ~

a series of postures and breathing exercises practiced to achieve tranquility and control of the body and mind

approach that is as much about preventing existing ones." — Daniel A. Monti, MD



The rate dropped to 30 percent with investigators from Canada, Australia and New Zealand.

The NIH maintains that acupuncture studies in general are difficult to interpret because of problems with design; researchers struggle to devise trials with proper scientific controls, as no convincing placebo exists. The National Center for Complementary and Alternative Medicine continues to finance extensive research to advance scientific understanding of acupuncture.

A lack of licensing requirements in several states has also jeopardized the practice's credibility over the years.

"Concerns about regulation are valid," said Tracy W. Gaudet, MD, director of the Duke Center for Integrative Medicine and a nationally recognized expert on complementary therapies. "But licensing is not nearly as much of an issue as it used to be. When it comes to credentialing our practitioners, we are catching up to other fields." Forty-one states now require licensing for acupuncturists, and 15 require licensing for naturopaths, or therapists who rely exclusively on natural remedies.


"It's the botanical issue that is most significant. Studies can show that botanicals are effective, but supplemental product quality needs to be addressed, and that won't happen until products are more closely regulated," Gaudet said.

Here to Stay

Quality concerns aside, patients across the United States show no sign of abandoning their pursuit of integrative medical treatments. Americans now spend about \$35 billion annually on complementary and alternative therapies, with that figure increasing each year.

"There is no one answer to chronic, complicated conditions, and we can't pretend there is, because then we block ourselves off from options. People see the best results when using a combination of medical approaches," Gaudet said.

"Integrative medicine is about empowering people and making them feel better. In the end, patients care less about facts and figures like their cholesterol number and more about their energy and how they feel." ■



“If hands-only CPR catches on, many more cardiac arrest victims will survive, because bystanders will be more likely to act and buy time before paramedics arrive.”

—Matthew V. DeCaro, MD



I don't want to do mouth-to-mouth. I never received training. I'm afraid I'll make the situation worse.

Breathing New Life into CPR

Bystanders cite many reasons for failing to perform CPR on a person in cardiac arrest. As the life-saving action celebrates its 50th year – physicians developed standard CPR in 1960 – experts are endorsing new guidelines that they hope will help citizens overcome their reluctance to act when they see someone collapse.

The American Heart Association began advocating “hands-only” CPR, which calls for uninterrupted chest compressions, in 2008 after studies concluded that rescue breaths offered victims no measurable benefit. Since reviewing the latest research with several of the world's largest cardiovascular care organizations earlier this year, the association has begun a formal campaign promoting the breath-free method.

Instructions are simple: Dial 911, then push hard and fast on the center of the chest.

“It's no secret that many people are repulsed by the idea of performing mouth-to-mouth,” said Matthew V. DeCaro, MD, director of Jefferson's coronary care unit. “By taking it out of the equation, we eliminate the main fear that prevents people from doing CPR.”

Delivering compressions alone means rescuers need not worry about exchanging saliva or determining whether they have tilted a victim's head properly or formed an adequate seal over the mouth. In hands-only CPR, they only need to remember the ideal rate of 100 compressions per minute – the precise beat of the Bee Gees song *Stayin' Alive*, which the heart association recommends people play in their heads when using the method.

An estimated 92 percent of sudden cardiac arrest victims die before reaching a hospital, with survival linked directly to the amount of time between the onset of arrest and defibrillation. If no bystander performs CPR, a victim's chance of survival decreases by 7 to 10 percent with every minute of delay until defibrillation. Today, less than one-third of victims receive CPR from bystanders.

“If hands-only CPR catches on, many more cardiac arrest victims will survive, because bystanders will be more likely to act and buy time before paramedics arrive,” DeCaro said.

Recent research shows that since a victim's blood remains oxygenated for several minutes after a cardiac arrest, rescuers do not need to force breaths. Instead, they should focus on keeping blood pumping around the body with rapid compressions over the sternum.

Published in 2007 in the British medical journal *The Lancet*, the largest hands-only CPR study to date tracked 4,000 cardiac arrest victims in Japan. Those who received chest compressions alone had a survival rate nearly twice as high as those who also received rescue breaths.

In its new campaign, the heart association recommends hands-only CPR only for adults and only for cardiac arrest. Rescuers should not use the procedure for drowning or choking victims or for children, the group says, because cardiac arrest in youths is usually tied to respiratory failure.

“There is excellent documentation that hands-only CPR is an effective form of resuscitation on par with standard CPR,” DeCaro said. “People should use it because there's no doubt that it works.”

Alumnus Promotes Modified Hands-Only CPR

Stephen K. Williams, MD '56, has never been certified in standard CPR, but when a friend collapsed during a golf outing in 1991, Williams sprang into action, pressing on the left side of the man's chest in attempt to squeeze his left ventricle – which he knew pumped blood to the brain – like a bellows.

His friend survived.

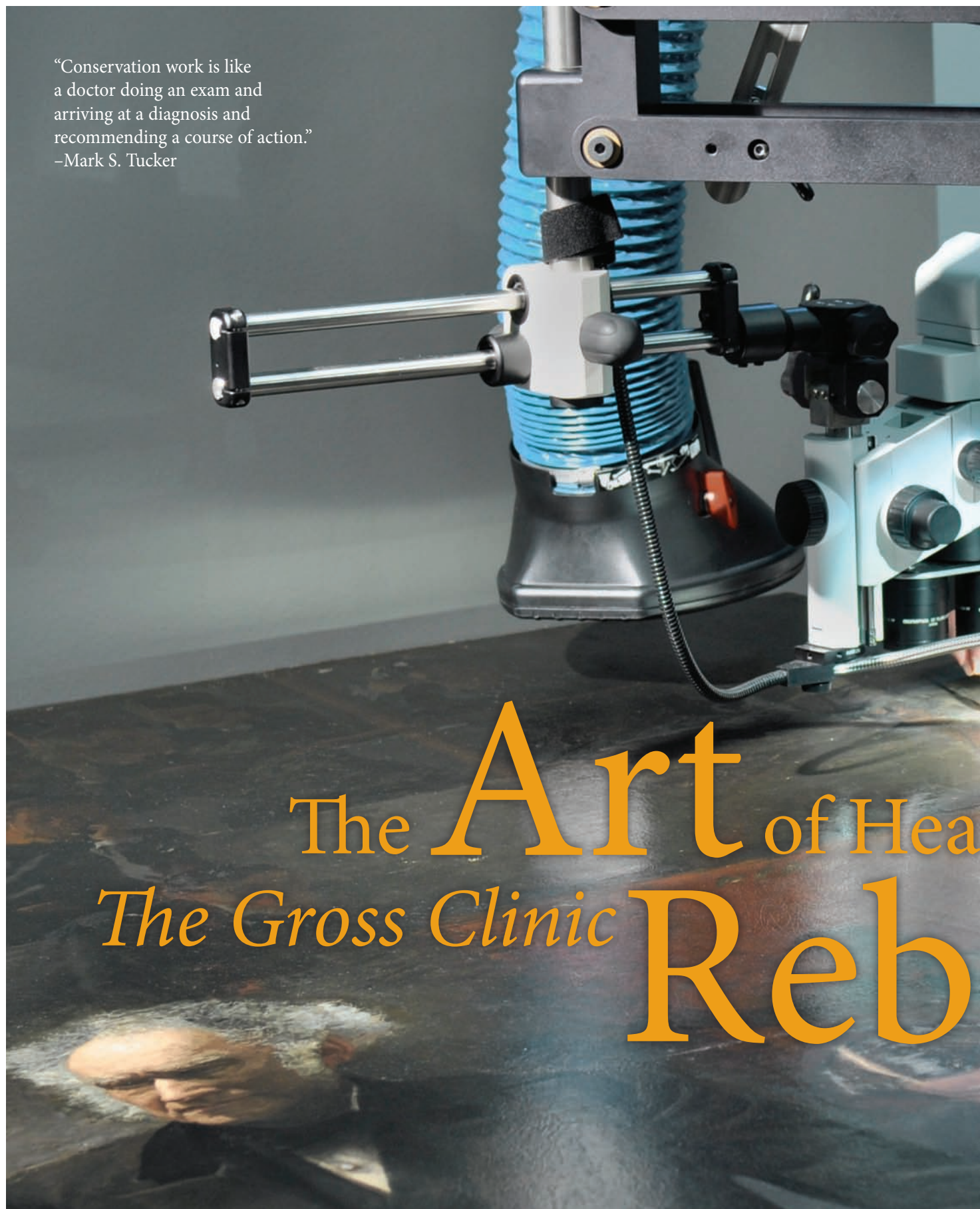
Since that day, Williams has been using and promoting a modified version of CPR that he has coined the “Williams Maneuver.” The technique differs from hands-only CPR in calling for compression on a point about four inches to the left of the sternum, “where you pledge allegiance to the flag.” Williams also recommends one compression per second, about half the rate advised by the heart association.

“Regular CPR is effective to a point,” Williams said, “but if you compress the left ventricle right away, you get a facial flush without having to mouth, and you get blood to the brain so that it's more alive when an ambulance gets there. Compressing over the sternum just does not get as much blood flowing.”

Williams is lobbying hospitals and the American Heart Association to test his method scientifically.



“Conservation work is like
a doctor doing an exam and
arriving at a diagnosis and
recommending a course of action.”
—Mark S. Tucker



The Art of Healing *The Gross Clinic* Reborn



ling: orn

Your eye instantly locks on the only man standing in the forefront, a forceful figure illuminated by an unseen skylight. In a life-size portrait dominated by muted, somber tones of black and brown, your eye travels to the brilliant red blood coating the hand of the Jefferson surgeon, then follows his scalpel to an operating table and the bleeding incision in the left thigh of a young man, ill-fitting socks sagging on his feet.

Viewers seeing the painting – first known as the *Portrait of Dr. Samuel D. Gross* and now as *The Gross Clinic* – gasped in the late 19th century. For the first time in more than 80 years, today's viewers fully understand why.

A two-year conservation effort that ended this summer restored details blurred by an overzealous cleaning in the early 20th century while the painting belonged to Jefferson Medical College and reinstated the delicate balance of light and tone that gives realist Thomas Eakins' masterpiece force. For the first time in generations, viewers now can truly grasp what a *New York Tribune* critic meant in 1879 when he wrote:

"(The painting is) one of the most powerful, horrible and yet fascinating pictures that has been painted anywhere in this century. ... But the more one praises it, the more one must condemn its admission to a gallery where men and women of weak nerves must be compelled to look at it. For not to look is impossible."

THE FIRST STEPS

The Philadelphia Museum of Art (PMA) and the Pennsylvania Academy of Fine Arts (PAFA) purchased *The Gross Clinic* from Thomas Jefferson University for \$68 million in 2007, and the organizations' curators and conservationists immediately began discussing restoration. At the least, they decided, they needed to strip the varnish applied during the last restoration almost a half-century earlier. In removing the varnish, they also would remove the repairs made in 1961 because restorers do their work on a thin layer of varnish, not directly on the canvas.

Mark S. Tucker, the Aronson Senior Conservator of Paintings and vice chair of conservation at the museum, took the lead. From his vast knowledge of Eakins and his experience in restoring the painter's work, he knew from the beginning that much had been lost beyond the damage repaired 50 years ago. But what? After the varnish was stripped, the detective work began.

THE DETECTIVE WORK

“Conservation work is like a doctor doing an exam and arriving at a diagnosis and recommending a course of action,” Tucker said.

The conservation team – which included Tucker, Kathleen A. Foster, the Robert L. McNeil, Jr., Senior Curator of American Art at the museum, and their colleagues at PAFA, conservator Aella Diamantopoulos and curator Anna Marley – found few preliminary *Gross* paintings by Eakins to guide its diagnosis. But the team found two items perhaps even more important at the Metropolitan Museum of Art in New York, an ink wash replica Eakins did in 1875–76, showing precisely how the light and dark colors related to each other, and an enormous black and white photograph taken in conjunction with an Eakins exhibit in 1917, a little more than a year after the artist’s death. Both showed the same relationship between light and dark.

The team discovered that the relationship had changed dramatically by 1929, when Eakins’ widow, Susan, complained bitterly in a letter to Jefferson Dean Ross V. Patterson about a “fancy red light” in a small color reproduction commissioned by the College,

to tone down the reddish undercoat in the tunnel, Tucker said.

Angelo was unable to locate any documentation for the cleaning. He and Foster speculated that it occurred in conjunction with JMC’s founding centennial in 1924 or the completion five years later of the College Building, where the painting hung at the top of the stairs, viewable through a large window from the street.

More damage became apparent when Tucker took the Met photo and enlarged it to the scale of the painting.

“What looked like nonsense in the painting, like a random selection of brush strokes, you could see in the photo were the folds of fabric in the students’ clothes,” Foster said. “We could even see lost follicles of hair on people in the background.

“Without the historical records, we would have gently guessed and we wouldn’t have had the courage to do what we did.”

Foster emphasized that the treatment of *The Gross Clinic* under Jefferson’s care was standard for the time. “About 99 percent of Eakins’ paintings have been overcleaned and subtleties lost,” she said. “Only in the last 40 years have people become smarter in treating these pictures.”

PMA also has restored Eakins’ other medical masterpiece, *The Agnew Clinic*, commissioned for \$750 by the University of Pennsylvania Medical Class of 1889 to honor D. Hayes Agnew, MD, who was retiring. The painting hung for nearly a century in the Medical Laboratories Building (now the John Morgan Building) at Penn until 2002, when it suffered very minor damage during a steam leak. The painting has been on loan to PMA since. *The Agnew Clinic* appears during the exhibit with *The Gross Clinic* for the first time in Philadelphia.

THE TRANSFORMATION PROCESS

After studying the *Gross* documentation, Tucker and his conservation team, using brushes of just a few hairs, restored the somber light to the tunnel, toned down railings, filled in blurred faces and sharpened details. Though cast in darkness, the students’ features became clear, and Eakins’ face, in the audience on the right, discernable. The yellow tint lifted with the old varnish.

The conservators went as far as they could go with the documentation on hand, knowing at each stage they could remove the work if they felt they had overstepped their boundaries, Tucker said.



Jefferson President Robert L. Barchi, MD, PhD, with conservator Mark Tucker and curator Kathleen Foster at a recent reception at the museum.



Before: Eakins' self portrait on the right edge of the painting.



After

possibly as a gift to donors, according to F. Michael Angelo, the University’s archivist and head of Jefferson’s Historical Research Center.

The ink wash and photo show Gross’ son, surgeon Samuel W., and orderly Hughey O’Donnell standing in a dark tunnel, eyes on the surgeon. The reproduction shows a lightened, reddish area behind the two men, an ominous note that competed with Gross and the surgery for the viewer’s eye.

An overzealous restorer working between 1917 and 1929 apparently scrubbed away the thin layers of darker paint Eakins used



Portrait of Dr. Samuel D. Gross (The Gross Clinic), 1875 (post-conservation image). Thomas Eakins, American, 1844 – 1916. Oil on canvas, 8 feet x 6 feet 6 inches (243.8 x 198.1 cm). Philadelphia Museum of Art, Gift of the Alumni Association to Jefferson Medical College in 1878 and purchased by the Pennsylvania Academy of the Fine Arts and the Philadelphia Museum of Art in 2007 with the support of more than 3,500 donors.

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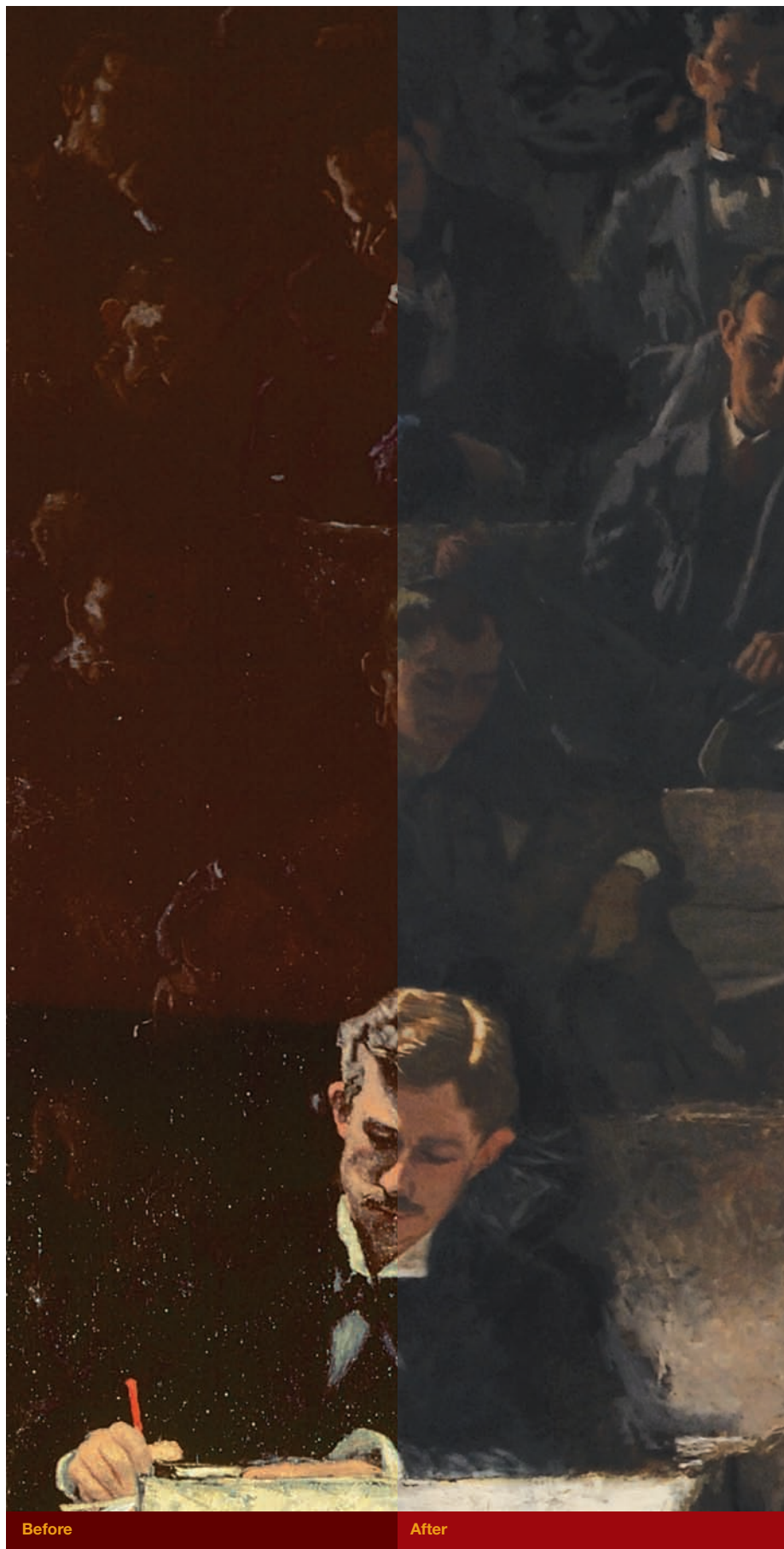
“It’s as close to the painting that Eakins finished in 1875 as we could make it without a color photograph,” Tucker said.

EAKINS’ PREPARATION

Eakins’ connection to Jefferson’s medical education began in 1864, while studying at the Pennsylvania Academy of Fine Arts, an art museum and the nation’s oldest art school. His “artistic anatomy” class, taught by renowned Jefferson surgeon William W. Keen, left him hungry for a deeper understanding of the human body, leading him to enroll in anatomy at Jefferson for one series of classes in 1864 and for another in the 1870s. Eakins also had access to the clinics and presumably saw Gross operate several times. (Today, academy students have the



The Gross Clinic at the
1876 Centennial Exhibition



Before

After

option of sketching dissections at the Drexel University College of Medicine.)

Eakins submitted his 8-by-6.5-foot painting – which he declared his masterpiece before even finishing – to the art committee of the 1876 Centennial Exhibit in Philadelphia, essentially the first world's fair. While accepting five other Eakins paintings, the committee rejected the portrait, and it was relegated to a corner of a U.S. Army hospital replica during the centennial. The Jefferson Medical College Alumni Association purchased the painting two years later for \$200 – the equivalent of \$4,537 in today's dollars – and gave it to the College.

SOARING VALUE

According to records unearthed by Angelo, Samuel T. Freeman and Co. appraised the painting in 1939 at \$75,000, or about \$1.15 million today. The next appraisal, about a decade ago, put the value at \$55 million. In the intervening years, the College had expanded into a university and broadened its degree programs to include research and the health professions. The school sorely needed to physically expand while increasing scholarships and professorships.

The appraisal compelled the board of trustees to re-evaluate, and the members decided that Jefferson's mission – healthcare education and research – took precedence. Without an art education program or museum, the University had neither the expertise nor means to conserve and properly display a painting universally regarded as a masterpiece but seen by only 500 people from outside Jefferson each year.

The board members wanted the painting to go to a museum open to the public, not to a private collector, but they also knew that PMA and PAFA lacked the resources to offer a fair price. The board asked Marc Porter, president of the auction house Christie's, to find a buyer, and he approached Alice L. Walton, chair of Crystal Bridges Museum of American Art in Bentonville, Ark. Walton formed a partnership with the National Gallery of Art in Washington, D.C., and they offered \$68 million.

In respect of the painting's importance to Philadelphia, Porter and Brian G. Harrison, chairman of the University's board, put an unprecedented clause in the sales agreement, giving Philadelphia institutions a chance to match the offer.

"To say that we never intended for the painting to remain in Philadelphia is just wrong," President Robert L. Barchi, MD,



Jefferson Faculty

Charlie Yeo: The Consummate Competitor

Three times a week, Charlie Yeo walks into a locker room, dons a uniform, rallies his team and goes out to face a formidable competitor: pancreatic cancer. He almost always wins.

In his five years as the Samuel D. Gross Professor and Chair of the Department of Surgery, Charles J. Yeo, MD – a lifelong sports enthusiast who once dreamed of becoming the next Bill Bradley – has used his competitive nature and skill to make Jefferson a premier center for pancreatic cancer surgery and research.

Widely – and, Yeo says, inaccurately – credited with developing the mini-Whipple, Yeo has performed 1,028 pancreaticoduodenectomies, including many preserving the pylorus, entire stomach and several centimeters of the upper duodenum. Only one other surgeon in the United States has performed more: Yeo's mentor and close friend, John L. Cameron, MD, the Alfred Blalock Distinguished Service Professor of Surgery at The Johns Hopkins University School of Medicine and former chair of the department.

Many surgeons shy away from the pancreas because of the difficulty of the operations and the high rate of complications and mortality. The reputation of Yeo's team – and he repeatedly emphasizes, "I am not The Man hitting a home run here; this is a team" – draws patients from throughout the country, many told by physicians back home that no hope exists. Yeo's office screens dozens of cases each week and accepts six to 10 new patients. When Yeo arrived in Philadelphia, Jefferson surgeons performed about 20 pancreatic operations each year; today, they perform more than 200.

Research holds equal interest for Yeo. While working at Hopkins, he belonged to a team that began unraveling the intricacies of pancreatic cancer genetics and established that the mini-Whipple was just as effective in most cases as the Whipple but with far fewer complications. He continues his clinical and basic-science research in Philadelphia.

Yeo has written more than 400 peer-reviewed scientific papers and more than 95 book chapters and was the editor-in-chief of the sixth edition of Shackelford's *Surgery of the Alimentary Tract*.

Yeo recently shared his thoughts about medicine, his field and Jefferson.

Q: What motivates you as a surgeon and researcher?

A: Being given the opportunity to operate on a human being is a privilege. Yesterday, I spent 8½ hours taking a tumor out of a woman who was told back in California that it couldn't be removed. This morning, when I visited her, the sun was streaming across her bed and she was as bright as can be. She thanked me, and who wouldn't find that motivating? In my career as a surgical attending, I have performed more than 4,371 operations, and every single one of

them has been a challenge and a learning experience. When I'm in the operating room my heart races and I feel energized. But, in the end, in the big picture, I haven't helped all that many people. The way I can touch more people is by educating them about pancreatic cancer, doing important studies that ask important questions and by making operations safer.

Q: Why did you focus on the pancreas?

A: For the first five years as a junior faculty member at Hopkins, I was a jack of all trades, operating on breast masses, hernias, thyroids, lungs and the vascular system. Because I had federal funding for research involving GI hormones, I received a booklet from the NIH about grants every week or two. One day in 1989 or '90, I noticed a RFA (request for application) involving pancreatic cancer research. Few were doing it at the time. I checked with several of my fellow junior faculty members and we decided: Why not? This multidisciplinary group would get together monthly and we'd throw out ideas; we were all excited about the work. The clinical practice grew with the science.

Q: What advances against pancreatic cancer do you expect to see in your lifetime?

A: Well, I don't know how long I'll live, but I do have a mission: Doing the studies that affect the safety of surgery around the globe and understanding the genetics of pancreatic cancer. We already know that pancreatic cancer isn't one disease that responds to one treatment. Our lab, led by Jon Brody, PhD, discovered that the drug most commonly prescribed in the field does little for several subgroups of patients and they should get a different drug. This finding was almost heretical. I want to be able to practice true personalized medicine, to identify all the different types of pancreatic cancer and to find the perfect combination of surgery and chemotherapy or chemoradiotherapy to combat each one.

Q: Have your expectations about Philadelphia been fulfilled?

A: I came to Jefferson for the leadership opportunity, for a maturing and growth opportunity. It's been very much what I had hoped. I inherited a very good faculty and recruited some very talented junior and senior members to double the size of the department. I have received great support from the Jefferson leadership. People have been tremendously nice and interested in collaboration. Center City is a vibrant place, and it doesn't hurt that the Phillies won the World Series two years ago! Coming to Jefferson has been wonderful for my whole family; my wife, Theresa, is a faculty member in our School of Nursing and the president of the TJUH Women's Board, and my daughter is a senior in high school.

OnCampus



Krekun



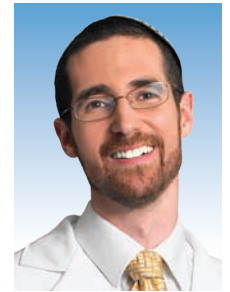
Gomella



Hann



Trabulsi



Lawrence

People

New Director of Hospital Medicine

Susan Krekun, MD, FACP, has been named director of Thomas Jefferson University Hospital's new Division of Hospital Medicine and an associate professor of medicine at JMC.

Krekun's new division will specialize in a multidisciplinary "hospitalist" approach focused solely on the hospitalized patient. The attending physician will lead a team that includes pharmacy, nursing, social work, occupational medicine, administration and other hospital support systems.

"The differences between inpatient and outpatient medicine is rapidly changing on every level, and we want to make sure that we are changing along with it," said Arthur Feldman, MD, PhD, Magee Professor and Chairman, Department of Medicine. "We are hoping to further develop the hospitalist model by putting the necessary resources behind it and training the next generation of doctors in this important specialty."

Gomella Named to Publication

Leonard Gomella, MD, FACS, the Bernard W. Godwin, Jr. Professor of Prostate Cancer, associate director for Clinical Affairs at the Kimmel Cancer Center at Jefferson and chair of the Department of Urology at JMC, has been appointed to the editorial council at *Urology Times*. He will represent the area of urologic cancer on the editorial council.

Headlines

Hepatitis B and Cancer

Antiviral treatments prevent recurrence of hepatocellular carcinoma in patients with chronic hepatitis B, extending patients' lives by years, according to Jefferson researchers.

In the *International Journal of Cancer*, Professor Hie-Won Hann, MD, and colleagues reported that patients receiving the therapy survived a median of 60 months; the figure dropped to 12.5 months for patients not receiving the treatment.

"The other option for these patients is liver transplantation, which carries its own risks," said Robert Coben, MD, who was involved in the study. "This is an attractive alternative."

New Pain Regimen

A pre-emptive pain regimen that includes pregabalin (Lyrica) significantly decreases the need for opioids in patients undergoing robotic-assisted laparoscopic radical prostatectomy, Jefferson researchers reported in *Urology*.

The mean opioid dose was 75.3 mg for patients who received the standard regimen vs. 49.1 mg for patients who received the pre-emptive regimen.

"We think this study paves the way for new pain management protocols," said Edouard J. Trabulsi, MD, PG '01, associate professor of urology. "It could have significant implications not only for robotic prostatectomy, but also other laparoscopic procedures and more painful surgeries."

Gliomas and Acute Toxicity

Patients with high-grade gliomas who experience early neurological toxicity during their treatment are more likely to die sooner than those with more tolerance, according to researchers from the Kimmel Cancer Center at Jefferson.

The study, which was presented in June at the American Society of Clinical Oncology's annual meeting in Chicago, showed patients with early toxicity lived an average of 7.8 months vs. 11.8 months for patients without the reaction.

"The bottom line is that we have to be especially careful with patients who experience significant toxicity during treatment," said Yaacov Lawrence, MD, assistant professor of radiation oncology at JMC.

IL-10 Production Key

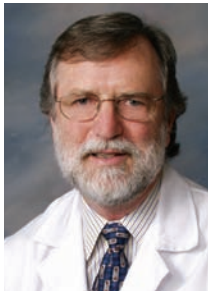
Higher production of Interleukin-10 in tumor cells may signal problems for patients with advanced melanoma who are treated with autologous melanoma cell vaccine, according to a study that Jefferson scientists presented in June at the American Society of Clinical Oncology's annual meeting in Chicago.

Overall, the median survival for high IL-10 producers was 10.5 months vs. 42 months for low IL-10 producers.

"We think that the vaccine treatment may be more effective if you combine the cancer vaccine with a blockade of IL-10," said Amit Mahipal, MD, a fellow in hematology/oncology and lead author of the study.



Mahipal



Bray

Medical Frontiers

\$3 Million Grant for Genetic Study

Jefferson scientists have received a four-year, \$3 million grant from the National Heart, Lung and Blood Institute to study the genetics of platelet gene expression in hopes of finding data that can be translated into novel therapeutic strategies and better predictors of cardiovascular disease.

"Some patients have hyper-functioning platelets, which can lead to strokes and heart attacks," said principal investigator Paul F. Bray, MD, the Thomas Drake Martinez Cardeza Professor of Medicine and director of the Division of Hematology. "On the other end of the spectrum, there are some patients with bleeding disorders because their platelets don't clot well enough. Thus, we are talking about very common clinical problems affecting huge numbers of people."

The study will focus primarily on microRNAs, which researchers believe serve as a rheostat for protein synthesis in platelets.

Jefferson Establishes Center to Help Clinical Researchers

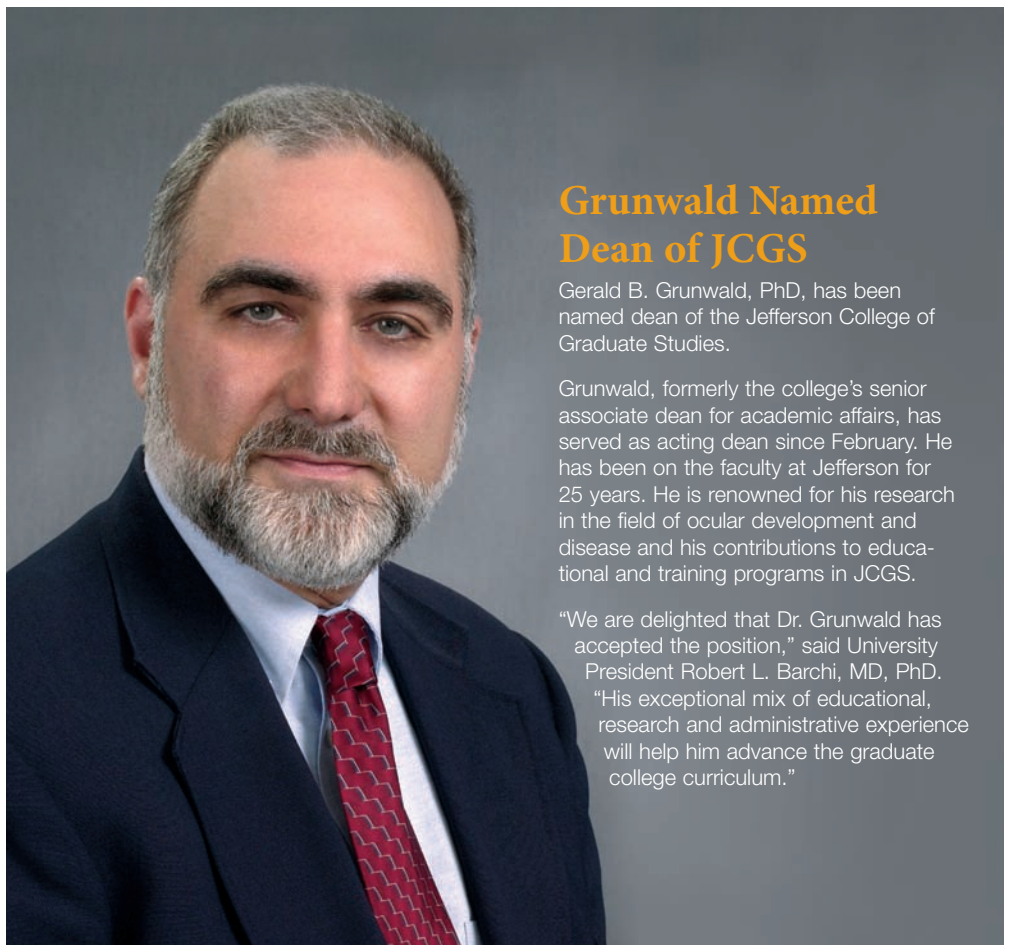
A new center at Jefferson will provide guidance to clinicians who want to conduct research but lack the structure and staff needed to obtain grants and run studies. The services will be available to clinicians in the community as well as to members of Jefferson University Physicians.

"The Jefferson Coordinating Center for Clinical Research is a vision about how to do clinical research at an academic medical center," said David Whellan, MD, MHS, director of clinical research at the Jefferson Heart Institute. "What we want to create



Osterholm Professorship

Friends, colleagues and relatives gathered June 29 for the investiture of Robert H. Rosenwasser, MD, as the first Jewell L. Osterholm, MD, Professor in the Department of Neurological Surgery. Osterholm, former chair of the department, and Rosenwasser spoke during the ceremony.

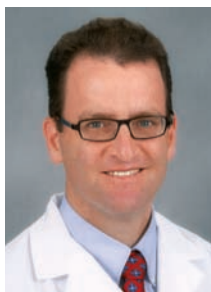


Grunwald Named Dean of JCGS

Gerald B. Grunwald, PhD, has been named dean of the Jefferson College of Graduate Studies.

Grunwald, formerly the college's senior associate dean for academic affairs, has served as acting dean since February. He has been on the faculty at Jefferson for 25 years. He is renowned for his research in the field of ocular development and disease and his contributions to educational and training programs in JCGS.

"We are delighted that Dr. Grunwald has accepted the position," said University President Robert L. Barchi, MD, PhD. "His exceptional mix of educational, research and administrative experience will help him advance the graduate college curriculum."



Whellan



Mather



Kastenberg



Conn

is a pathway for physicians and staff to do quality clinical research where the opportunity might not currently exist.”

Jefferson Establishes Celiac Center

The Jefferson Digestive Disease Institute has opened the first center in Philadelphia devoted solely to treating adult celiac disease. Often overlooked or misdiagnosed until the last decade, celiac disease, an autoimmune disorder triggered by gluten, causes upset stomach, diarrhea, abdominal pain, cramping, bloating, mouth ulcers and unexplained weight loss. The disease can affect other parts of the body as well such as hair, skin, liver and bones and cause fertility problems. Jefferson physicians diagnose up to three new celiac cases a week.

The Celiac Center will offer patients an extensive support system as well as experienced gastroenterologists.

Jefferson Cardiologists Write the Book on Heart Care

Jefferson physicians have written a comprehensive textbook on heart care, *Jefferson Heart Institute Handbook of Cardiology*, to give students, residents, internists and cardiologists a concise guide of cardiac disorders and how to treat them.

“The Jefferson Heart Institute has such a compilation of expertise that it is an ideal community of cardiologists to write a textbook on the clinical care of the patient,” said Paul Mather, MD, a director at the Jefferson Heart Institute and editor of the book, which was published in August by Jones & Bartlett Learning.

Studies Focus on New GI Capsules

Jefferson physicians at the Digestive Disease Institute are testing two new capsules to help better diagnose digestive tract disorders. The investigators hope to advance the technology far enough to

develop a capsule capable of photographing and evaluating the entire gastrointestinal tract.

The MiroCam study, led by David Kastenberg, MD, PG '92, associate professor of medicine, is one of six in the United States; the device has been approved for use in Europe and Asia. The battery of the capsule now used lasts just eight hours, not long enough to capture the entire small bowel in a third of inpatient cases. The battery in the new capsule lasts 12.

The second study, being evaluated by Mitchell Conn, MD, MBA, associate professor of medicine, focuses on the SmartPill, the first capsule-based technology that measures gastrointestinal motility and function. The capsule collects data from the digestive tract and wirelessly transmits the information back to a data receiver. The capsule is less invasive and avoids the radiation exposure of more traditional diagnostic GI procedures, Conn said.



University Welcomes Associate VP of Alumni Relations

Jefferson welcomed Laura Valenti this summer as associate vice president of alumni relations, a new position the University created to strengthen graduates' ties to life on campus.

Valenti will survey alumni about events they would like to see introduced or enhanced at Jefferson, including continuing education

programs, networking opportunities, social and cultural gatherings and class reunions. Other priorities include expanding the University Web site's alumni features and cultivating an alumni lecture series for students.

Valenti, with more than 18 years of experience in higher education development and alumni relations, most

recently served as associate vice president of institutional advancement at Drexel University. She works closely with Phillip J. Marone, MD '57, MS '07, who continues focusing on JMC alumni fundraising efforts.

Contact her at laura.valenti@jefferson.edu or 215-955-8818.

Ski with the JMC Alumni Association in 2011



January 31 – February 4, 2011 - Viceroy Snowmass, Snowmass Village, Colorado

The Viceroy Snowmass is at the base of one of the world's finest ski mountains and host to ESPN's X Games. This luxury resort is located steps from the new Snowmass Base Village and only seven miles from Aspen. Visit www.viceroyssnowmass.com to check out the hotel amenities and location.

What Every Doctor Should Know: A General Medical Update

January 31 – February 4, 2011

Medical updates for various specialties, directed to a general medical audience, will be presented by JMC faculty and your fellow alumni. Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide medical education for physicians. Jefferson Medical College designates this activity for a maximum of 16 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation.

Raft Debate: Who is most important in the management of the patient with pancreatic cancer?

- Franklin Maleson, *Moderator*
- Charles Yeo, *Surgery*
- Michael Ramirez, *Oncology*
- Edward Share, *Gastroenterology*
- David Axelrod, *Palliative Care*

Hot GI Diseases

- David Kastenberg, *Celiac Disease*
- Marianne Ritchie, *IBS: Is it an infectious disease?*
- Scott Goldstein, *Managing malignant obstruction of the colon*

Surgical Horizons

- Cataldo Doria, *Living donor liver transplant*
- Ernest Rosato, *Exploring the frontier of laparoscopic surgery*
- David Tichansky, *The operative management of obesity*

Medical Education

- John Spandorfer, *Teaching professionalism and ethics*
- Clara Callahan, *Medical School Admissions: The art and science of choosing tomorrow's physicians*

Primary Care

- Dawn Hirokawa, *Top 10 dermatologic diseases you need to know about*
- Carmen Sultana, *Update on contraception*

Emergency Medicine

- Stefanie Porges, *The Big Chill: Therapeutic hypothermia after cardiac arrest and other critical illness*
- Benjamin Braslow, *What ATLS doesn't teach you*

Cardiovascular disease

- Matthew Killian, *Pre-op evaluation*
- Joshua Eisenberg, *Diagnosis and management of aortic disease*

Registration Fee: \$425

Fee covers:

- All educational sessions and CME Fees
- Welcome Reception on Sunday, Jan. 30
- Breakfast each morning
- Afternoon snacks
- Group dinner for two (additional guests may attend the dinner for \$100 per person.)

Hotel Room Rates

Studio Residence: \$295/night or \$225/night
One Bedroom Residence: \$405/night or \$345/night
Two Bedroom Residence: \$745/night or \$545/night

Room Reservation Information

To book guest rooms, please contact the hotel directly at 970-923-8018 or online at reservations@viceroyssnowmass.com. Ask for the "Thomas Jefferson Alumni Group" rate. Reservations accepted until December 15.

While booking, ask about the special lift ticket rates available with this package.

Register online: <http://jeffline.jefferson.edu/jeffcme>

For questions, call JMC Office of CME at 1-888-JEFF-CME



ClassNotes

'44S

Emil Howanitz has been retired from surgery practice for eight years and reports that his fondest memories are from his years at JMC. Howanitz lives in Kingston, Pa.

'60

Terence O'Rourke Sr. retired in June after practicing radiology at Geisinger Medical Center in Danville, Pa., for 46 years. O'Rourke was a longtime director of the residency program there and served as chair of the department for two years. He lives in Danville.

'62

David E. Rosenthal has retired from medicine after 35 years and serves as a volunteer physician and trustee at HealthLink Medical Center, a free clinic for the working uninsured, and as an editorial

consultant for *Prescriber's Letter*, a national journal for primary care physicians. He lives in Landsdale, Pa., but enjoys summers in Margate, N.J., and spends every February in Sarasota, Fla., with his wife, Sandy, three sons and six grandchildren.

'64

Donald F. Eipper reports that he is enjoying retirement in the New York borough of Brooklyn, and that his daughter, Françoise, recently began a psychiatry residency at Oregon Health and Science University after her graduation from Columbia University.

'68

Bohdan Malyk is retired and living in Wilmington, N.C. His son, **Tim Malyk, MD '99**, practices family medicine in Skowhegan, Maine.

'72

Arlen Meyers is a professor of otolaryngology, dentistry and engineering at the University of Colorado and spent his summer participating in a Fulbright professional program at King's College London. Meyers lives in Denver.

James W. Redka and his wife, Peg, recently returned from a medical mission to Ometepe Island in Nicaragua, where they enjoyed working with translators and support staff along with 40 other Americans. They live in Williamsport, Pa.

'76

Larry Glazerman recently was promoted to associate professor in the department of obstetrics and gynecology at the University of South Florida College of Medicine in Tampa. He also completed an

MBA in healthcare administration at DeSales University. Glazerman lives in Land O Lakes, Fla.

'81

John Patrick Welch reports that his daughter, **Elizabeth Vadera, MD '07**, is married to **Sumeet Vadera, MD '07**. Elizabeth finished her family practice residency this summer at Cleveland Clinic, and son **John Welch, MD '99**, is in practice with his dad. Welch lives in Lebanon, Pa.

'84

George Lisehora is a colorectal surgeon in Honolulu, where he lives with his wife, Tanya, and their daughters, Bria and Kapri. He wishes his classmates well.

'90

Terence O'Rourke Jr. returned to the United States from New Zealand in July after working 5½ months as a rural general practitioner in the island town of Waimate. It was his second time working there. O'Rourke is now awaiting registration in Tanzania so he can begin volunteering at Catholic Mission hospitals in and around Arusha, a northern city.

'93

Ram Chandran Kalyanam wore his academic regalia from Jefferson at this year's hooding and graduation ceremonies at Ohio University Medical School, where he is on the clinical faculty in psychiatry. Kalyanam lives in Columbus, Ohio.

'97

Christopher I. Doty recently received the American College of Emergency Physicians National Teaching Faculty Award. He continues to teach emergency medicine in Brooklyn, N.Y., and serves as program director of the largest emergency medicine residency in the United States.



Alumni Focus

As the new alumni president, I'm initiating this column not to use as a forum for my thoughts or opinions, but to showcase Jefferson alumni, their personal achievements and especially their dedication to the betterment of JMC. You may read about some of our most accomplished brethren in these pages, such as Alumni Achievement Award winner and former Dean Tom Nasca, MD '75, but others highlighted may not have risen to that level of national attention but still make JMC proud every day.

I'd like your help to point out some of these "unsung heroes" for future columns. Please e-mail suggestions to the Bulletin editor, Jana Moore, at jana.moore@jefferson.edu, or write her at 130 S. 9th St., Suite 600, Philadelphia, PA, 19107.

I'm dedicating this inaugural column to many individuals: the alumni listed as donors starting on Page 32. Giving to JMC is always worthy of mention; giving in these tough economic times is especially so.

I'd love all readers to take a close look at this list; if you don't see your name on it this year, make sure it gets on the list next year and all the years after that! A strong alumni base and its financial support tells potential donors that this is, indeed, a worthy place.

One last thing: When you read about THE painting, remember that it was given by JMC alumni long ago – and truly has been a gift that keeps on giving. Let's do the same for our future generations of students.

Thanks for listening.

George Valko, MD '86

President, JMC Alumni Association

Thomas J. Nasca, MD '75: Former JMC Dean Focuses on Resident Education

Tom Nasca, MD, as a young physician, repeatedly encountered residents lacking the skills and values he considered essential. Bound to change the situation, he has focused his life's work on preparing students and residents for the demands they will face in serving their patients.

"The dramatic expansion of medical knowledge and technology that's become available over the past few decades presents significant challenges for both students and practitioners," Nasca said. "As medicine evolves, the education of physicians needs to evolve. I want to make sure that evolution is values-based and continues to produce outstanding physicians committed to serving their patients."

After graduating from Notre Dame and JMC, Nasca served an internal medicine residency and chief medical residency at Mercy Hospital of Pittsburgh and a nephrology fellowship at Rhode Island Hospital and Brown University School of Medicine. He then returned to Mercy to spend 11 years as chair and residency program director for the Department of Medicine.

In 1992, JMC Dean Joseph S. Gonnella, MD, asked Nasca to join Jefferson's faculty as vice chair of the Department of Medicine, which entailed overseeing the department's educational programs, a role he approached with enthusiasm. "Many of my most compelling role models were on Jefferson's faculty," he said, naming James Burke, MD, Norman Lasker, MD, Michael Simenhoff, MD, and Dowd Kowlessar, MD. "I was grateful for the opportunity to help students and residents the way my mentors there had helped me."

He also served as associate dean for education and research and associate dean for academic affairs and affiliations before succeeding Gonnella as dean in 2001. Six years later, he became the first Anthony F. and Gertrude M. DePalma Dean of Jefferson Medical College.

As dean, he made many contributions that continue to benefit University students and faculty today. His resolve to recruit top researchers and recognize superior educators led to the re-establishment of tenure, which had not been awarded since the previous decade, and to the development of an educational scholarship track, a program to help faculty sharpen their teaching skills. His personal efforts to help a former JMC student facing a financial crisis inspired the creation of the Dr. Thomas J. Nasca 101 Fund, which supports Jefferson scholars in extreme financial need.

In 2007, Nasca left Jefferson to lead the Accreditation Council for Graduate Medical Education, a Chicago-based national organization that accredits America's graduate medical education programs. Last year, he extended his work overseas as the founding president and CEO of ACGME-International LLC, which sets educational standards and assesses resident education programs outside of the United States. He hopes to improve medical post-graduate education in developing countries through the accreditation process.

JMC recognized Nasca's accomplishments by presenting him with the 2010 Alumni Achievement Award during Alumni Weekend in October.

"I experienced joy and countless career highlights at Jefferson," Nasca said. "I miss the students, residents, faculty and staff at Jefferson but couldn't turn down the unique opportunity to influence medical education across the United States and around the world."



Alumni
Profile



50th Reunion: Class of 1960



Joseph A. Breslin, MD '70; Mark L. Tykocinski, MD, the Anthony F. and Gertrude M. DePalma Professor and Dean of Jefferson Medical College; Trudy Breslin; Charles E. Quaglieri, MD '70; and Laura Valenti, associate vice president for University alumni relations at Jefferson.



Phillip J. Marone, MD '57, MS '07, associate dean for alumni relations and the executive director of the JMC Alumni Association, with Herbert E. Cohn, MD '55, and his wife, Natalie.



Class of 1950



Class of 1955



James W. Fox IV, MD '70, and his wife, Kathleen, pause for a photograph with Benjamin Franklin in the National Constitution Center's Signers' Hall.



Class of 1965



Class of 1970



Deya Ginsberg; her husband, Lawrence W. Ginsberg, MD '75; Denise Weaver; and Maury A. Jayson, MD '90.



Class of 1975



Students Ashley Barrile and Erin McDermott flank Nancy Czarniecki, MD '65, the first woman to graduate from JMC.



Stuart L. Gordon, MD '81; his wife, Marianne T. Ritchie, MD '80; Nadia Carney; and her husband, Martin J. Carney, MD '80, pose with George Washington in Signers' Hall.



30th Reunion: Class of 1980



Classmates from '85: Donna M. DiCenzo, Cynthia Coughlin Hanna and Michele S. Maholtz.



Student Bethany Rommel and her mother, Catherine T. Rommel, MD '80.



Michael D. Gallagher, MD '85; Carole Hendricks; Maureen Sokolowski; her husband, Joseph W. Sokolowski, MD '62; Carole Harrer; and her husband, William V. Harrer, MD '62.



Class of 1990



Richard P. Margolies, MD '80, and Nancy Callejo.



Class of 2000



Robert M. Lumish, MD '70, and his wife, Sandra; Barry J. Make, MD '70; Susan Smernoff; and Howard D. Toff, MD '70, and his wife, Cheryl.



Patricia Felmly, MSN, and Vincent T. Armenti, MD '82, PhD '79, president-elect of the JMC Alumni Association.



25th Reunion: Class of 1985

Alumni Giving

This list includes alumni and faculty who contributed to Jefferson from July 1, 2009, to June 30. Numbers in parentheses denote members of our new 1824 Society, which recognizes donors who give for five consecutive years or more. The plus before a name denotes a donor who passed away during the fiscal year.

Jefferson raised a record \$3.2 million through the annual fund last fiscal year. Almost 25 percent of the medical school's living graduates contributed, far outstripping the national average of 10 percent.

The Class of 1980 contributed the largest amount to the annual fund, \$62,565. The classes of 1954 and 1956 tied in participation, 60 percent.

KEY TO GIVING LEVELS

The Presidents' Club recognizes donors who give \$2,500 and more to Jefferson. The club is divided into five primary levels:

Partner	\$25,000 and more
Associate	\$10,000–\$24,999
Friend	\$5,000–\$9,999
Member	\$2,500–\$4,999
Young Member	
-Five to 10 years after graduation.....	\$1,000
-One to four years after graduation...	\$500

Jefferson disbanded three societies this year: Samuel D. Gross Associate, McClellan Merit Society and Century Club.

1938

Total class giving:
5 donors totaling \$21,275
33% total class participation
Annual fund class giving:
4 donors totaling \$1,275

PRESIDENTS' CLUB

Associates

+Jacob S. Wiener

CONTRIBUTORS

Paul E. Chodoff
Walter Romejko
+Pincus Sobie
Vernon W. Taylor, Jr.

1939

Total class giving:
6 donors totaling \$102,300
50% total class participation
Annual fund class giving:
4 donors totaling \$2,300

PRESIDENTS' CLUB

Partners

+Louis Leventhal
+Thomas Maguda

CONTRIBUTORS

Ambrose P. Clunan (29)
Ruben R. Pottash
John P. Rudolph (29)
Hymen D. Stein

1941

Total class giving:
3 donors totaling \$3,250
43% total class participation
Annual fund class giving:
3 donors totaling \$3,250

CONTRIBUTORS

Abol H. Fotouhi
Vincent S. Palmisano (18)
Edward A. Ricketts

1942

Total class giving:
6 donors totaling \$1,875
54% total class participation
Annual fund class giving:
6 donors totaling \$1,875

CONTRIBUTORS

Robert Eckley (7)
Edgar T. Gibson (6)

Howard S. Hussey, Jr. (10)
Joseph N. Marino (25)
John L. Ranson
John Arthur Steitz (5)

1943

Class Agent:
Leonard S. Davitch
Total class giving:
7 donors totaling \$20,850
32% total class participation
Annual fund class giving:
5 donors totaling \$850

PRESIDENTS' CLUB

Associates

+Albert J. Kolarsick
+Walter A. Payne, Jr.

CONTRIBUTORS

Harry V. Armitage (29)
Leonard S. Davitch (29)
Davis G. Durham (13)
Edwin J. Levy (6)
Andrew C. Ruoff, III (20)

1944 J

Total class giving:
6 donors totaling \$7,025
21% total class participation
Annual fund class giving:
5 donors totaling \$2,025

PRESIDENTS' CLUB

Friends

+John B. Movelle

CONTRIBUTORS

Warren Y. Bibighaus
Lin T. Chun
George W. Plonk
Henry C. Ricks, Jr.
William Wasnick (29)

1944 S

Class Agent:
John J. Gartland
Total class giving:
14 donors totaling \$3,875
41% total class participation
Annual fund class giving:
14 donors totaling \$3,875

CONTRIBUTORS

James Beebe, Jr. (27)
Charles R. Beittel, Jr. (5)
David W. Chase

Warren C. Herrold (29)
Robert H. Holland (22)
Charles E. Hough
Emil Howanitz
Herbert H. Hunter
Milton N. Kitei
Charles L. Liggett (10)
J. David McGaughey, III
Peter P. Midura (29)
William A. Morton, Jr.
Harold Wilf

1945

Total class giving:
9 donors totaling \$81,300
20% total class participation
Annual fund class giving:
8 donors totaling \$6,300

PRESIDENTS' CLUB

Partners

Raymond C. Grandon (6)

Friends

Edward H. McGehee (29)

CONTRIBUTORS

Joseph S. Brown, Jr.
James R. Cavett, Jr. (28)
Benson Krieger (29)
Harold J. Laggner
Desmond S. O'Doherty
Martin D. Reiter

1946

Total class giving:
18 donors totaling \$6,001
20% total class participation
Annual fund class giving:
18 donors totaling \$6,001

CONTRIBUTORS

Aaron D. Bannett
Homer W. Boysen (9)
James B. Gilbert (29)
+John R. Griffith
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Sidney Koretsky
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James V. Mackell (29)
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John H. Petre, Jr. (5)
Melvin L. Reitz (17)
Henry A. Seidenberg (26)

G. Robert Senita (29)
Enio W. Tobia (20)

1947

Total class giving:
17 donors totaling \$9,250
41% total class participation
Annual fund class giving:
17 donors totaling \$9,250

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Members

Robert H. Baker (6)

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Charles J. Rodgers (27)
Richard M. Sproch (16)
George F. Tibbens (12)
Bruce Van Vranken (6)
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1948

Total class giving:
26 donors totaling \$7,850
43% total class participation
Annual fund class giving:
26 donors totaling \$7,850

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Francis R. Schwartz
Lee S. Serfas
Ernest G. Shander
William E. Sheely
H. Frank Starr, Jr.
Thomas C. Turner
John E. Weyher, Jr. (9)
Harry M. Zutz (29)

1949

Class Agent:
L. Roy Newman
Total class giving:
16 donors totaling \$7,149
27% total class participation
Annual fund class giving:
16 donors totaling \$7,149

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Robert E. Schulz (27)
Harold L. Strause, Jr. (13)
Richard M. Whittington
George A. Winch (28)

1950

Class Agent:
Leonard A. Erdman
Total class giving:
20 donors totaling \$13,410
39% total class participation
Annual fund class giving:
20 donors totaling \$13,410

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 W. Ernest Powell (18)
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 Maurice R. Turcotte (10)
 William H. Winchell (7)
 Herbert A. Wantes

1951

Class Agent:
 Daniel T. Erdman
 Total class giving:
 27 donors totaling \$10,732
 35% total class participation
 Annual fund class giving:
 26 donors totaling \$5,770

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1952

Class Agent: Jerome M. Cotler
 Total class giving:
 41 donors totaling \$33,200
 55% total class participation
 Annual fund class giving:
 41 donors totaling \$33,200

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+Donald C. Davidson

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 George T. Wolff

1953

Class Agents: Joseph Armao
 and Robert Poole
 Total class giving:
 40 donors totaling \$10,550
 50% total class participation
 Annual fund class giving:
 40 donors totaling \$10,550

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 Richard O. Stader
 Donald B. Stein, Jr. (29)
 James H. Thomas (26)
 Nichols Vorys (14)
 Edward West

1954

Class Agent:
 Rudolph C. Camishion
 Total class giving:
 53 donors totaling \$29,360
 60% total class participation
 Annual fund class giving: 53
 donors totaling \$29,360

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 William A. West (8)
 Harold R. Wiedaw
 Philip Woolcott, Jr.
 Andrew J. Zweifler (12)

1955

Class Agent: Herbet E. Cohn
 Total class giving:
 38 donors totaling \$28,615
 41% total class participation
 Annual fund class giving:
 38 donors totaling \$28,615

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Herbert E. Cohn (24)

Friends

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 Thomas B. Templeton (19)
 David O. Zenker (5)

1956

Class Agent: Eugene F. Bonacci
 Total class giving:
 67 donors totaling \$48,235
 60% total class participation
 Annual fund class giving:
 66 donors totaling \$37,735

PRESIDENTS' CLUB

Associates

Hyman R. Kahn

Friends

+Charles E. Cole

Members

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 Bertram H. Shapiro (19)
 Henry H. Sherker
 H. Martin Snyder (5)
 Charles J. Stahl, III (29)
 Thomas D. Stine (17)
 James L. Stone
 Harry M. Swartz
 Robert B. Weimann (12)
 Claude M. Williams (28)
 Stephen K. Williams
 Noyes E. Yale, Jr.
 James G. Zangrilli (28)

1957

Class Agent: Phillip J. Marone
 Total class giving:
 58 donors totaling \$28,241
 55% total class participation
 Annual fund class giving:
 58 donors totaling \$28,241

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Members

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 Stanley L. Kocot (6)
 Phillip J. Marone (28)
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Bertram H. Frohman (29)
Alfred O. Heath (5)
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Divo A. Messori (14)
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Richard N. Smith (15)
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Charles D. Thomas (16)
Frank B. Thomas, III
Emil S. Trellis (6)
Raymond G. Tronzo
David C. Weibel (13)
E. Milton Witthoff, Jr.
Ronald J. Yadusky

1958

Class Agent:
William W. Clements
Total class giving:
42 donors totaling \$15,500
35% total class participation
Annual fund class giving:
42 donors totaling \$15,500

CONTRIBUTORS

Barry L. Altman
Christopher J. Beitel (11)
Paul E. Berkebile (26)
Robert D. Bloemendaal
John H. Bowman (29)
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1959

Class Agent:
Lawrence J. Mellon, Jr.
Total class giving:
44 donors totaling \$26,047
38% total class participation
Annual fund class giving:
44 donors totaling \$26,047

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Casimir J. Wanczyk (29)
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1960

Class Agent: Marvin E. Jaffe
Total class giving:
52 donors totaling \$35,319
40% total class participation
Annual fund class giving:
52 donors totaling \$35,319

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1961

Class Agent:
Stanton N. Smullens
Total class giving:
50 donors totaling \$61,688
37% total class participation
Annual fund class giving:
50 donors totaling \$56,688

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Harvey Steinberg (11)
Stanford M. Steinberg
+Willis W. Willard, III

1963

Class Agent: Ben P. Houser, Jr.
Total class giving:
42 donors totaling \$31,818
34% total class participation
Annual fund class giving:
42 donors totaling \$31,818

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1962

Class Agents: William V. Harrer
and Joseph Sokolowski, Jr.
Total class giving:
52 donors totaling \$27,985
44% total class participation
Annual fund class giving:
51 donors totaling \$26,985

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1964

Class Agent:
 James M. Delaplane
 Total class giving:
 47 donors totaling \$30,291
 35% total class participation
 Annual fund class giving:
 46 donors totaling \$29,041

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1965

Class Agent: Richard P. Wenzel
 Total class giving:
 44 donors totaling \$16,950
 33% total class participation
 Annual fund class giving:
 44 donors totaling \$16,950

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 Richard P. Wenzel
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1966

Class Agent:
 Timothy J. Michals
 Total class giving:
 48 donors totaling \$22,660
 36% total class participation
 Annual fund class giving:
 48 donors totaling \$17,660

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 Harvey J. Sugerman (28)
 George M. Tai (10)
 Robert G. Timmons (15)
 Richard A. Ulrich (11)
 Sara A. Warren
 Charles L. Woodruff (8)
 Mark H. Zeitlin

1967

Class Agent: Elliot J. Rayfield
 Total class giving:
 49 donors totaling \$33,742
 33% total class participation
 Annual fund class giving:
 47 donors totaling \$25,650

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 Melvyn A. Wolf
 Alan H. Wolson (21)
 James Wong (29)
 John A. Yauch
 John V. Zeok (9)

1968

Class Agents:
 Lawrence V. Hofmann and
 Harold A. Yocum
 Total class giving:
 47 donors totaling \$36,185
 34% total class participation
 Annual fund class giving:
 46 donors totaling \$16,185

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 Malcolm S. Weiss (26)
 Stephen E. Werner (6)
 Jacquelyn J. Wilson

1969

Class Agent: M. Dean Kinsey
 Total class giving:
 51 donors totaling \$49,382.18
 34% total class participation
 Annual fund class giving:
 50 donors totaling \$46,290

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Edward B. Yellig
Suzanne S. Zeok (7)

1970

Class Agent: Peter V. Scoles

Total class giving:
57 donors totaling \$62,740

38% total class participation

Annual fund class giving:
56 donors totaling \$42,240

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1971

Class Agents: Terrence Carden, Jr., and James Barone

Total class giving:
65 donors totaling \$28,715

37% total class participation

Annual fund class giving:
65 donors totaling \$28,715

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George S. Wineburgh (6)
Nancy L. Edwards Wong (17)

1972

Class Agents: Craig T. Haytmanek and Glenn C. Nye

Total class giving:
69 donors totaling \$35,363

40% total class participation

Annual fund class giving:
67 donors totaling \$26,513

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1973

Class Agent: Robert P. Good

Total class giving:
44 donors totaling \$37,530.00

26% total class participation

Annual fund class giving:
43 donors totaling \$27,530.00

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1974

Class Agent: Bruce G. Silver

Total class giving:
45 donors totaling \$24,715

25% total class participation

Annual fund class giving:
44 donors totaling \$24,615

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Arnold J. Willis
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1975

Class Agent: Robert E. Wall

Total class giving:
63 donors totaling \$40,756

30% total class participation

Annual fund class giving:
63 donors totaling \$35,756

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1976

Class Agent:
Larry R. Glazerman
Total class giving:
57 donors totaling \$51,735
28% total class participation
Annual fund class giving:
57 donors totaling \$49,235

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1977

Class Agent:
R. Anthony Carabasi, III
Total class giving:
53 donors totaling \$40,950
27% total class participation
Annual fund class giving:
53 donors totaling \$35,425

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1978

Class Agent: Duncan Salmon
Total class giving:
76 donors totaling \$60,188
35% total class participation
Annual fund class giving:
75 donors totaling \$35,188

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1979

Class Agent: Alan H. Goldberg
Total class giving:
61 donors totaling \$43,905
29% total class participation
Annual fund class giving:
61 donors totaling \$42,405

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1980

Class Agent: Martin J. Carney
Total class giving:
72 donors totaling \$85,065
33% total class participation
Annual fund class giving:
71 donors totaling \$62,565

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James H. Spigel (23)
Christine K. Stabler
Paul E. Stander (6)
Richard S. Toof
Randy R. Westgate (27)
Carol A. Wheeler (20)
Terrence J. Wilson

1981

Class Agent: John D. Angstadt
Total class giving:
53 donors totaling \$59,216
24% total class participation
Annual fund class giving:
52 donors totaling \$44,216

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Corey K. Ruth

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Maureen L. Yelovich

1982

Class Agent: Russell Breish
Total class giving:
58 donors totaling \$41,994
27% total class participation
Annual fund class giving:
55 donors totaling \$26,650

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1983

Class Agent: John Bertolino
Total class giving:
53 donors totaling \$68,050
26% total class participation
Annual fund class giving: 52
donors totaling \$48,050

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1984

Class Agent: Guy M. Stofman
Total class giving:
68 donors totaling \$61,580
33% total class participation

Annual fund class giving:
68 donors totaling \$56,580

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1985

Class Agent: Nicholas J. Barna
Total class giving:
53 donors totaling \$60,365
26% total class participation
Annual fund class giving:
52 donors totaling \$52,865

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1986

Class Agent: Bernard L. Lopez

Total class giving:
56 donors totaling \$30,150
26% total class participation
Annual fund class giving:
56 donors totaling \$30,150

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1987

Class Agent: Maria C. Scott

Total class giving:
55 donors totaling \$70,348
27% total class participation
Annual fund class giving:
54 donors totaling \$32,848

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1988

Class Agent: Sharon W. Gould

Total class giving: 44 donors
totaling \$20,075
20% total class participation
Annual fund class giving: 44
donors totaling \$20,075

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Claire Zilber
Gunnar W. Zorn
Pamela J. Zorn

1989

Class Agents: Raj K. Sinha and
Debra Somers Copit

Total class giving:
40 donors totaling \$22,125

18% total class participation

Annual fund class giving:
40 donors totaling \$22,125

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Kathleen O'Connor Ververeli
Prodromos Ververeli

1990

Class Agents:
Mark and Ursula Sangimino

Total class giving:
44 donors totaling \$11,706
22% total class participation

Annual fund class giving:
44 donors totaling \$11,706

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Marshall W. Stafford (6)
Mohan Suntharalingam
Lenore M. Tietjens-Grillo

1991

Class Agents: Lina P. O'Brien,
John T. Comber and Una Brewer

Total class giving:
28 donors totaling \$12,872

13% total class participation

Annual fund class giving:
27 donors totaling \$11,206

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1992

Class Agent: Maria Pharr

Total class giving:
38 donors totaling \$10,645

18% total class participation

Annual fund class giving:
38 donors totaling \$10,645

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1993

Class Agents: Sharon B. Mass,
Joseph A. Iocono and
Jeffrey J. Miller

Total class giving:
34 donors totaling \$42,965

17% total class participation

Annual fund class giving:
34 donors totaling \$42,965

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1994

Class Agents: Jamiel McElrath
Schwartz and Suken A. Shah

Total class giving:
34 donors totaling \$16,000

16% total class participation

Annual fund class giving:
34 donors totaling \$16,000

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1995

Class Agent: James S. Harrop, Jr.

Total class giving:
34 donors totaling \$12,689

16% total class participation

Annual fund class giving:
34 donors totaling \$12,689

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1996

Class Agents: Nicholas LoPresti
and Gary A. Tuma

Total class giving:
41 donors totaling \$40,000

18% total class participation

Annual fund class giving:
41 donors totaling \$40,000

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1997

Class Agent: Michael J. Pellini

Total class giving:
27 donors totaling \$9,843

12% total class participation

Annual fund class giving:
27 donors totaling \$9,743

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1998

Class Agents: Richard S. Lee
and Cecelia Schmalbach

Total class giving:
31 donors totaling \$28,327

14% total class participation

Annual fund class giving:
30 donors totaling \$8,327

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1999

Class Agent: Jay S. Jenoff

Total class giving:
28 donors totaling \$6,710

13% total class participation

Annual fund class giving:
28 donors totaling \$6,710

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2000

Class Agent: Tara J. Berman

Total class giving:
41 donors totaling \$8,476

19% total class participation

Annual fund class giving:
41 donors totaling \$8,476

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2001

Class Agents: Matthew Craig
 and Jennifer King

Total class giving:
 44 donors totaling \$15,580
 20% total class participation

Annual fund class giving:
 44 donors totaling \$15,580

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2002

Class Agent: Michael Ciminiello

Total class giving:
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11% total class participation

Annual fund class giving:
 25 donors totaling \$6,325

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2003

Class Agent:
 Matthew Eichenbaum

Total class giving:
 20 donors totaling \$3,335

10% total class participation

Annual fund class giving:
 19 donors totaling \$3,235

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2004

Class Agent:
 Tiffany Otto Knipe

Total class giving:
 13 donors totaling \$1,305

6% total class participation

Annual fund class giving:
 13 donors totaling \$1,305

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 Shwu Yi Siew

2005

Class Agent: David Dougherty

Total class giving:
 14 donors totaling \$1,201

6% total class participation

Annual fund class giving:
 14 donors totaling \$1,201

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2006

Class Agent: Peter Fleischut

Total class giving:
 9 donors totaling \$475

4% total class participation

Annual fund class giving:
 9 donors totaling \$475

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 Kathryn P. Traves

2007

Class Agent: Runa S. Gokhale
 Total class giving: 13 donors
 totaling \$1,000

6% total class participation

Annual fund class giving: 13
 donors totaling \$1,000

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2008

Class Agent:
 Christopher Yingling

Total class giving:
 10 donors totaling \$1,485

5% total class participation

Annual fund class giving:
 10 donors totaling \$1,485

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2009

Class Agent: John P. Dahl

Total class giving:
 12 donors totaling \$925

5% total class participation

Annual fund class giving:
 12 donors totaling \$925

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Postgraduate Alumni

Anesthesiology

Specialty Agent:
 Stephen E. McNulty

Total specialty giving:
 28 donors totaling \$4,645

7% total specialty participation

Annual fund specialty giving:
 28 donors totaling \$4,645

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Dermatology

Specialty Agent:
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Total specialty giving:
 14 donors totaling \$24,050

16% total specialty participation

Annual fund specialty giving:
 14 donors totaling \$17,850

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Emergency Medicine

Specialty Agent:
Theodore A. Christopher
Total specialty giving:
8 donors totaling \$3,350
7% total specialty participation
Annual fund specialty giving:
8 donors totaling \$3,250

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Michael J. Feder
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Deirdre A. O'Reilly

Family Medicine

Specialty Agent:
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Total specialty giving:
23 donors totaling \$20,375
7% total specialty participation
Annual fund specialty giving:
23 donors totaling \$19,575

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General Surgery

Specialty Agent:
John H. Moore, Jr.
Total specialty giving:
21 donors totaling \$19,475
11% total specialty participation
Annual fund specialty giving:
19 donors totaling \$15,225

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Medicine

Specialty Agents: Mark G.
Graham and Francis X. Keeley
Total specialty giving:
74 donors totaling \$24,055
6% total specialty participation
Annual fund specialty giving:
71 donors totaling \$22,296

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Neurology

Total specialty giving:
3 donors totaling \$175
1% total specialty participation
Annual fund specialty giving:
3 donors totaling \$175

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Neurosurgery

Specialty Agent: James G. Lowe
Total specialty giving:
3 donors totaling \$375
1% total specialty participation
Annual fund specialty giving:
3 donors totaling \$375

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Obstetrics &

Gynecology

Specialty Agent:
Lorraine C. King
Total specialty giving:
12 donors totaling \$5,535
4% total specialty participation
Annual fund specialty giving:
12 donors totaling \$5,135

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Ophthalmology

Specialty Agent:
Edward A. Jaeger
Total specialty giving:
10 donors totaling \$7,450
16% total specialty participation
Annual fund specialty giving:
10 donors totaling \$7,450

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Orthopaedic Surgery

Specialty Agent:
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Total specialty giving:
19 donors totaling \$35,495
4% total specialty participation
Annual fund specialty giving:
18 donors totaling \$24,995

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Otolaryngology

Specialty Agent: David Rosen
Total specialty giving:
10 donors totaling \$62,130
9% total specialty participation
Annual fund specialty giving:
9 donors totaling \$6,500

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Pathology

Specialty Agent:
Mary P. McHugh
Total specialty giving:
6 donors totaling \$830
6% total specialty participation
Annual fund specialty giving:
6 donors totaling \$830

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Pediatrics

Specialty Agent:
Clara A. Callahan
Total specialty giving:
26 donors totaling \$11,547
5% total specialty participation
Annual fund specialty giving:
26 donors totaling \$9,947

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Physical Medicine & Rehabilitation

Specialty Agent: Guy W. Fried
Total specialty giving:
20 donors totaling \$7,525
1% total specialty participation
Annual fund specialty giving:
20 donors totaling \$7,525

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Psychiatry

Specialty Agent:
Shivkumar S. Hatti

Total specialty giving:
15 donors totaling \$2,475

6% total specialty participation

Annual fund specialty giving:
15 donors totaling \$2,475

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Radiation Oncology

Total specialty giving:
24 donors totaling \$2,475

3% total specialty participation

Annual fund specialty giving:
24 donors totaling \$2,475

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Radiology

Specialty Agent: Rick Feld

Total specialty giving:
31 donors totaling \$24,000

5% total specialty participation

Annual fund specialty giving:
29 donors totaling \$13,900

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Urology

Specialty Agent:
Stephen E. Strup

Total specialty giving:
8 donors totaling \$3,216

1% total specialty participation

Annual fund specialty giving:
7 donors totaling \$3,166

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Non-Graduate Faculty

Faculty Agent: David C. Levin

Total non-graduate faculty giving:
112 donors totaling \$348,645

16% total non-graduate faculty participation

Annual fund non-graduate faculty giving: 102 donors totaling \$121,974

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InMemoriam

'45

Desmond S. O'Doherty, 90, of Chelsea, Ala., died Aug. 6. O'Doherty served as a captain in the U.S. Army Medical Corps from 1946 through 1948. He joined the faculty of Georgetown University Medical School in 1952 and was named chair of neurology in 1958, a position he held until retiring in 1985. He is survived by his wife of 59 years, Marcella; a daughter, Marianne; and a son, Patrick.

'46

John R. Griffith, 88, of Philadelphia, died June 28. He served in the U.S. Army Medical Corps and is a former director of the internship program at Thomas Jefferson University Hospital and chief of the National Medical Board of Examiners. Griffith served as associate professor of medicine at Jefferson until 2004. He is survived by his wife, Jackie, three children and four grandchildren.

'50

Joseph S. Haney, 90, of Columbia, Miss., died Feb. 11. Haney served in World War II as an officer in the 125th Army Signal Corps. He practiced medicine for 52 years. He is survived by his wife, Shirley, four children and seven grandchildren.

'52

Kenneth W. Turner, 85, of East Liverpool, Ohio, died Sept. 4, 2008. Turner ran a private medical practice from 1953 to 1975 and also spent most of his career on the medical staff at East Liverpool City Hospital, where he served as chief of the anesthesia department. He retired in 1991. He is survived by his wife, Margaret, three children and two grandchildren.

'53

Michael J. Murphy, 82, of Dublin, Ohio, died June 29. Murphy was a general surgeon who practiced in Endicott, Ohio. He was predeceased by his wife of 39 years, Marilyn, and is survived by four sons.

'56

Nelson M. Chitterling, 80, of Wilmet, N.H., died July 28 at home following an extended illness. Chitterling served in the U.S. Army Medical Corps from 1957 to 1959. He practiced obstetrics and gynecology in Maryland until 1985, when he retired to New Hampshire. Throughout the 1990s, he taught third-year students at Dartmouth Medical School. He is survived by his wife of 31 years, Helen, eight children, 19 grandchildren, two great-grandchildren and a sister.

'59

Pasqualino Ioffreda, 77, of Highland Park, N.J., died April 14. Ioffreda practiced urology in the New Brunswick area for more than 42 years. He is survived by four sons, two of whom attended Jefferson: **Michael Ioffreda, MD '90**, and **Richard Ioffreda, MD '87**.

'60

Luke Tedeschi, 75, of Scituate, Mass., died Aug. 5. Tedeschi was a forensic scientist and former chief pathologist at Metro West Medical Center in Framingham. He spent his career traveling the country to investigate murder cases and also served as a clinical professor of pathology at the Boston University School of Medicine. He is survived by his wife, Elaine, and three sons.

'73

Michael F. Quinlan, 63, of West Deptford, N.J., died Aug. 3. Quinlan served in the U.S. Navy for 10 years as a physician and lieutenant. He retired from the U.S. Department of Labor after 25 years. He is survived by his wife of 37 years, Theodora, and three children.

'76

Philip Charles Grem, 59, of Harrisburg, Pa., died unexpectedly July 5. Grem worked in internal medicine and spent many years caring for mentally ill patients. He

is survived by his wife of 35 years, **Judith Fonken Grem, MD '76**, three sons and three sisters.

'81

Karen A. Johnson, 64, a research oncologist with the National Cancer Institute, died of ovarian cancer Aug. 19. Johnson, a long-time resident of Bethesda, Md., spent more than 20 years with NCI. She specialized in cancer survival rates and had been chief of the breast and gynecologic cancer research group since 1999. She was the co-author of two books and received the 1993 NIH Award of Merit and many other academic and professional honors. Johnson is survived by two brothers.

By THE Numbers

The profile of the Class of 2014:

A majority of the Class of 2014 – 58 percent – took time off between getting a bachelor's degree and entering Jefferson Medical College. They proved their diversity by working in a wide range of jobs, including potato chip tester, professional poker player, veterinary nurse and doula.

Number of applicants: **9,671**

Number in the class: **260**

Average MCATS: **10/11/11**

Average GPA: **3.6** in science and **3.7** cumulative

Gender breakdown: **50-50**

Age range: **19** to **34** with the mean **23**

States represented: **27** and the District of Columbia

Countries outside U.S. represented: **7**, India, China, Canada, Ghana, Denmark, Trinidad and Peru

From the tri-state area: **111** from Pennsylvania, **23** from New Jersey and **19** from Delaware



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